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The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XLIII. TORONTO, JANUARY, 1918—June No. 1 - 6

Editorials

RECORD TAKING

At the risk of seeming over hortatory we feel impelled to advise members of the profession to do more note-taking of their cases. One has only to take up Arnold's Note Books to see how considerable an amount is put down in one year, where only a sentence or two daily is indited in a journal. So even a few sentences about each case one has will form in a year a goodly volume and in a course of years a very respectable and valuable amount of medical literature.

The fuller these records are made the better; and the physician who makes this a daily practice will be amply repaid for his trouble.

Such a book as lawyers use for their "brief" notes works admirably—its pages are about nine inches long, six wide, unlined and good for pen or pencil. The book is an inch thick with stiff covers. Thus it can be kept right on a library shelf with

other books while being filled, and may remain there when full. Such a book is much better than the smaller pocket note books, soft-covered note books or the larger sizes.

Many men are doing very good work at the present and making no report of it whatever. Their unique or original findings and unusual experiences should be reported in the current medical journals; but if this be not done, surely the least that ought to be done is to record the same in a journal or private note book.

Of course, if a doctor is lucky enough to own a typewriting machine he can typewrite his reports and records on loose leaves which may be secured in a loose leaf binder as soon as typed.

This effort is only fair to future generations of medical men, and to the doctor's own descendants.

With what pride we have seen children show records their father or grandfather had made.

There was not much poetry in that old Fourth-book verse we of mid-age used to read at school in our boyhood; but it conveyed good advice.

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"Many a gem is lost forever
By the careless passer-by;
For the gems of thought should never
On the mental pathway lie."

So we say: Observe, record and report. But whatever you do, record.

Canadian Journal of Medicine and Surgery

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Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

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Original Contributions

IODEOL IN THE TREATMENT OF TUBERCULOSIS: REPORT OF A CASE

BY DR. JURBEN LANNIN, HAMILTON, CANADA.

Horen Varjabadian, aged 25, Armenian by birth, consulted me January 11th, 1917, complaining of a swelling in his left side and hip, with loss of weight, poor appetite, and as he said, "feeling too hot all over at night and cold sweats in the morning."

Physical examination showed a boy of stated age, tall and thin, dark complexioned, with long black eye-lashes and dense black hair. Temperature 102, pulse 96, respiration 22, chest and heart, by percussion and auscultation, negative. The fingers markedly clubbed and nails cyanosed. The left lumbar region presented a large swelling extending from about the last rib down well over the left gluteal region about three inches below the left trochanter and well forward over the crest of the ilium. This swelling was large, soft and boggy and presented marked fluctuation and palpation. X-ray skiagraphs had been made previously, but were not very satisfactory, probably on account of the depth of the abscess and the density of the pus. However, they presented an indistinct lesion over the crest of the left ilium.

The patient was admitted to St. Joseph's Hospital on January 15th, 1917. Temperature 101, pulse 96, respiration 22.

On January 16th, under ether anesthesia, I incised the abscess, making two long incisions, the one at the outer border of the erector spinae muscles, and the other at the outer crest of the ilium, and evacuated about thirty ounces of a greenish yellow pus. I curetted it out well and swabbed with

tincture of iodine, and put in counter drainage through both incisions. The wounds drained profusely for the first three weeks, the discharge gradually becoming less. On January 20th I commenced the injection of iodeol, using 2 cc doses, each day for four doses, and then waiting four days before resuming treatment.

On February 3rd, I increased the dosage to 4 cc every fourth day, and on February 25th gave 6 cc at one injection. I found that this was a little more than the patient would tolerate, as he complained of being tired following it and his temperature rose to 101. On March 3rd, I gave 4 cc, repeated weekly up to March 30th, when treatment was discontinued.

With the smaller dosage there was very little reaction, though occasionally there was some induration and redness at the site of the injection. This latter condition was more marked with the larger dosage. The wound was flushed with tincture of iodine about once a week, and the patient's general condition commenced to improve rapidly.

He was kept on the very best concentrated diet, with plenty of eggs and milk and under the best hygienic conditions and placed out-doors in the fresh air daily, even in the coldest temperatures. Both wounds commenced to granulate and to take on the appearance of healing. The pus became more thick and creamy and finally disappeared entirely about March 21st, and the wounds closed on April 1st. The clubbing of the fingers had disappeared completely and the patient had gained 21 pounds in weight.

Examination with fleuroscope and X-ray plates to-day show some healed fibrosed lesions at the roots of both lungs and a darkened area presumably a fibrosed area on the other side of the ilium.

The preparation iodeol or electrical chemical colloidal iodine is a solution of iodine in its atomic condition dissolved in sterile olive oil, having been reduced from the molecular to the atomic condition by means of the high tension current.

The theory upon which its action is based is that in this finely divided state the iodine combines with and destroys the capsule of the tubercle bacillus. Experimentally this action has been proven in the test tube when tuberculous sputum has been

treated with this form of iodine, and placed in the incubator at blood heat, and when examined after some hours under the microscope, the number of bacilli has been found to be diminished and many of them show processes of disintegration.

The great question is, does this same action take place in the blood sērum and glands? The technique of giving the preparation is a rigid one, in that it has been found that if the slightest bit of moisture comes in contact with this preparation, it is at once convērted to molecular iodine and this explains why inflammation and induration at times occur, as when properly given there should be no local reaction at the site of the injection. The best syringe to employ is a medium, finely ground glass syringe, with a medium sized serum needle. The syringe should be thoroughly boiled and removed from the water hot, and as soon as fairly dry, should be thoroughly dried, by drawing some ether through it and allowing it to evaporate.

The preferable site for injection is the gluteal or lumbar regions, though the upper arm may also be used, and care should be taken to avoid superficial veins in making the injection deep into the muscles, as even the moisture present from a transudation of serum has been found to produce a reaction locally, which to some extent interferes with the absorption and general action of the preparation.

Conclusion.—From the observation of the above case and two others, which I have at present under observation, it would seem that clinically this preparation does have a beneficial action against tuberculosis lesions. When it is carried in the blood serum it would seem, from clinical observation, that the theory of its action is justified. The progress of its action and of the case, of course, should be watched and checked up at intervals, by means of the X-ray radiograph and fleuroscope. I do not think it is a cure-all for all stages of tuberculosis, but in early selected cases I do believe that, combined with unrelaxing and thorough hygienic treatment, it is of very great value in assisting the patient to kill out the infection, increase his resistance and bring about healing.

Society Proceedings

HOUSE SURGEONS RE-UNION

The House staff of the Toronto General Hospital for the year 1892 celebrated their 25th anniversary by a luncheon at the York Club on November 15th—guests of Dr. H. B. Anderson, Drs. Thos. Middlebro, of Owen Sound; Dr. Harry J. Way, of Chicago; Dr. John N. E. Brown, of Toronto, and Dr. Charles O'Reilly were present. Dr. W. E. Tilley, of Bowmanville, telephoned his regrets. Dr. Herbert Bruce and Dr. Harold Parsons, both overseas, were unable to be present. Dr. Fred. Fenton has crossed the Great Divide since the last quinquennial celebration.

Semi-Jubilee Celebration.

The "Meds" of '92 of Toronto University held their regular quinquennial reunion on November 15th, 1917.

The Star gave the following report of the gathering:—

"Eighteen medical graduates of the University of Toronto who received their degrees in 1892, just a quarter of a century ago, last evening assembled from all parts of the continent at the hotel Carls-Rite to celebrate the semi-jubilee anniversary of their graduation. It was the fourth reunion of the class since it broke up twenty-five years ago.

"When 1892 Meds. graduated 57 young medicos were turned loose on the world. Since then seven have died and two, Dr. J. A. Cooper, formerly of Welland, and Dr. Thomas Corlett, have been lost track of. Last evening of the 48 "old boys" left, 18 were present, four others, Lieut.-Col. Herbert A. Bruce, F.R.C.S., Lieut.-Col. S. H. McCoy, Capt. Chester C. Richardson, Windsor, and Capt. George Clingan, Virden, Man., were overseas, and 26 sent their regrets.

Came From India.

"Perhaps the one who had wandered farthest from his Alma Mater was Dr. E. G. Smith, now a member of the Canadian Baptist Mission in a medical capacity, and at present in the city on furlough. He said he had 20,000 patients on the coast of India, between Madras and Calcutta.

"From all appearances class '92 Meds. has retained the vigor of its youth to a remarkable extent. Last night's *esprit de corps* was a revelation to many of the former college chums who had not met for over a score of years, men who thought they were getting old until they got among "the fellows" again. They recalled the days when they roomed together and plugged for the exams as though it were an event of yesterday.

Must Practice to be of Use.

"An interesting sidelight on the value of an Arts course to a medical student was brought out by Dr. Ben J. Kilborne. Toronto, who contributed one of the most notable speeches of the evening. Knowledge without practice was of no earthly use whatever, he had concluded after twenty-five years of experience. Arts men were book-worms and theorists, in the majority of cases before they came to the practical side of their profession. It was a mistake to delay practical experience early in life. The medical profession, he said, was becoming more practical daily and he looked forward to better results from the younger men of the profession who were receiving more practical experience than did their predecessors.

Urges More Specializing.

"Dr. Kilborne made a plea for more specializing in the medical profession. 'Our dear Alma Mater takes us in a group, when we are students, and throws us out on the world. I think there would be greater advantage for all if we were given greater individual attention as students,' he declared.

"Each individual practitioner knew his own shortcomings, where he was lacking and where he was proficient as a result, he said. 'We want more specializing and not so much general practising.'

"Dr. J. A. C. Evans, Toronto, eulogized the University for the splendid record it had shown in the war. He had lost his eldest son at the front.

"After graduation, said Dr. J. F. Pinkham, he went direct to Belding, Michigan, and hung out his shingle. Having the name Pinkham, they called him 'Lydia,' he laughed, but Lydia or no Lydia he could do more work to-day than he ever could in the palmiest days of his youth.

"Dr. H. J. Way, Chicago, said he really came to see how many of the 'old boys' were bald by this time. He, like all his former classmen, paid tribute to their former professor, Dr. Charles O'Reilly, who was the guest of the evening.

"Dr. O'Reilly, who has fifty years standing in the profession, responded with a very hearty speech.

Over Here From Cleveland.

"Dr. William Chambers, Cleveland, would have come from the innermost parts of Africa to shake hands and see the faces of his old college comrades, he said. He dreamt last night, he said, that the whole class had formed an ambulance to go overseas, and when he awoke he thought he was on the way to France.

"The observation of Dr. George Bowles, Toronto, was that the best that's in a medical man comes out in a country practice, while Dr. J. R. Smith, Grimsby, observed of the medical men that they didn't know how to take care of their money when they got it.

"Those present were: Dr. Charles O'Reilly and Dr. J. N E. Brown, former superintendents of Toronto General Hospital; Dr. Ben J. Kilborne, of Toronto; Dr. J. A. C. Grant, Toronto; Dr. George Bowles, Toronto; Dr. H. J. Way, Chicago; Dr. William Chambers, Cleveland; Dr. J. A. C. Evans, Toronto; Dr. J. F. Pinkham, Grand Rapids, Mich.; Dr. L. H. Campbell, Bradford, Ont.; Dr. Frank Forrest, Port Hope; Dr. J. R. Smith, Grimsby; Dr. P. H. Green, Embro, Ont.; Dr. J. A. Hershey, Owen Sound; Dr. William Crawford, Hamilton; Dr. J. J. Harper, Alliston; Dr. E. G. Smith, Pithapuram, India; Dr. Charles H. Bull, Grand Rapids, and Dr. Thomas Middlebro, F.R.C.S., of Owen Sound, who presided.

"The seven deceased members of the class are: Dr. R. H. Gowland, Hamilton; Dr. George Gould, Uxbridge; Dr. Alfred Skippen, Guelph; Dr. Alfred Webb, Cobourg; Dr. Frank Moss,

Toronto; Dr. Algie Williams, Brampton, and Dr. Archibald Montgomery, Toronto."

Just prior to the meeting a cable was received from Dr. Lieut.-Col. Samuel McCoy, one of the leaders of the year, expressing regrets and wishing the boys a good time..

Col. Herbert A. Bruce, A.M.S., A.P.O., No. 1, B.E.F., France, sent the following message from the front:

"I only wish it were possible for me to be present at this meeting, as nothing would give me greater pleasure than to again meet and enjoy the company of the old boys of 1892. It seems incredible that a quarter of a century has passed since we graduated and separated. How many changes have occurred during this period, but on the whole I think time has dealt kindly with most of us.

"At present it is difficult to think of anything else than the great conflict which has embroiled nearly all the nations of the world; and those of us over here feel that we can now look forward with confidence to the attainment within a reasonable period of the objects for which we were compelled to fight. As President Wilson has said, 'the world must be freed for democracy.'

"I think one is safe in prophesying that next year will see the end of this great struggle, and by that time we will have won a military victory which is absolutely essential before talking about peace.

"Please give my kindest remembrances and very best greetings to all the old boys and my hope that you will arrange another meeting at no distant date, which I may have the privilege of attending."

Dr. Middlebro expressed the hope that every man present would do his part in seeing that the medical legislation to be enacted at the coming session of the Provincial Legislature would see that they got fair play and that the osteopaths, chiropractors and all medical impostors would be squelched.

The following officers were elected: President, Thomas Middleboro, Vice-presidents, H. J. Way, R. H. Green, B. Kilborne, E. G. Smith; Secretary, John N. E. Brown; Treasurer, George Bowles; Executive Committee, Wm. Crawford, J. J. Harper, J. A. C. Grant.

The next reunion will be held, *deo volente*, in 1922.

ACADEMY OF MEDICINE, TORONTO

Professor Irving Fisher, Professor of Political Economy at Yale University, addressed the Academy of Medicine, Toronto, at its meeting on Tuesday evening, November 6th, upon the subject of Health Insurance.

He pointed out the ill effects following the failure of the working man to insure himself against sickness. Whereas the wealthy man insures himself against accident, illness and death, against fire, burglary and other damage, the poor man rarely has protection. The great proportion of poverty in this country is due to illness in the household. The loss of wages and the expenses due to illness impoverish the man whose savings are scanty. Investigations of the Buffalo Charities Organization Society within the past two or three years have shown that of the cases of poverty they have had to deal with, 78 per cent. have been caused by illness.

Health insurance will not only provide a remedy for this poverty, but will be a great stimulus in preventing disease. As boiler inspection has all but eliminated the former large number of accidents due to explosions, so will health insurance arouse a healthy interest in the causation of disease, whether due to long hours, poor ventilation, careless habits, or indiscriminate expectoration, and be a protection against dangerous trades and processes, or other factors in the morbidity of working men. Simple rules of personal hygiene will also be impressed upon men and women who will become interested in the scheme as they become contributors to the same.

During the past few years the average age at death in America has increased five years. Practical hygiene has accomplished this. Yet, if the figures be closely studied, it will be found that this average has been increased through the lessened number of infant deaths. Children formerly dying in the first and second years of life are now being carried on to six, eight and ten years of age. We are preventing the acute infections and nutritional disorders which formerly caused a high mortality in infancy, but these are only carried on for a few years. On the other hand the period of productive life has not increased. We have not prolonged life during the working years.

In fact the life expectancy at forty-five has not increased; while at fifty it has appreciably lessened during the past two decades, and at age of sixty it has materially lessened. We have now to combat the degenerative diseases of middle life as we have combated the infections of early life. Our problem is well illustrated by the fact that of 10,000,000 conscripts of age twenty-one to thirty-one recently examined in the United States it is stated that some 60 per cent. have been rejected as medically unfit. A more careful survey was made of 1,000 employees of the Ford Motor Co., and of 1,000 bank and office workers in New York, by the Life Extension Institute. Of these 2,000, 99 per cent. were found to have minor or major defects ranging from carious teeth and nasal obstruction to hypertension, albuminuria and glycosuria. And these were a class definitely above the average of their age and station in life.

We have to face now the loss of life due to degeneration diseases of middle life, and must now seek the remedy, which lies in prevention. With these diseases prevention must begin early, for they, as a rule, develop but slowly. And health insurance will go far to lessen these diseases.

There was a good attendance, and Professor Fisher's audience gave him a most appreciative hearing.

Dr. D. J. Gibb Wishart, the President of the Academy of Medicine, occupied the chair, and a hearty vote of thanks was proposed by one of the Past Presidents, Dr. Albert A. Macdonald, seconded by Major J. G. Fitzgerald.

Militia and Naval Medical Services and Ambulance

The securing of sufficient bed accommodation for the large number of returned Toronto soldiers, now on their way to Canada from overseas, is developing into a somewhat acute problem. One solution of the difficulty has however been arranged, whereby two of the large wards in the New Toronto General Hospital will be turned over for use by returned men. This arrangement has been concluded between the officials of the Army Medical Corps and the General Hospital. The wards taken over by the soldiers will be under the management of the Army Medical Corps, and army nursing sisters and orderlies will be transferred over to the new section, which will be entirely under army discipline.

Word has been received at the University of Toronto that Major R. E. Wodehouse, an M.D.C.M. of '06, has been promoted to the rank of lieutenant-colonel. Col. Wodehouse is a first contingent man, being assistant water expert at Valcartier Camp. He was sanitary officer of the C.E.F. from September, 1915, to January 31, 1916, and was later O.C. of the first sanitary section of the Canadians in France from January to September, 1916, when he returned to England to open the Canadian Convalescent Hospital at Bearwood Park, Wokingham, Berkshire. He was mentioned in despatches in August for the valiant services which he had rendered. Col. Wodehouse is a Port Arthur man.

Captain Gordon W. Armstrong, R.A.M.C., medical officer attached to the 8th North Staffordshire Regiment, British Army, youngest son of F. F. Armstrong, 33 Summerhill Ave.,

and one of Toronto's youngest medical officers, has been awarded the Distinguished Service Order. It is understood that Capt. Armstrong received the award for conspicuous bravery during a recent engagement in which the regiment suffered heavy losses. Capt. Armstrong was wounded on September 20. He was hit between the shoulder blades. He was wounded also on June 7 at Messines. He left Toronto in June, 1915, with a draft of R.A.M.C. officers and was detailed for duty in Mesopotamia. Later he went to India and then was transferred to France and given an appointment with the Staffordshires, one of England's crack regiments. Capt. Armstrong graduated in medicine at Toronto University in 1916 and is 26 years old.

Flight-Lieutenant Norman A. Magor, son of Mr. J. H. Magor, of Messrs. Magor, Son & Co., Limited, St. Paul Street West, Montreal, has been awarded the Distinguished Service Cross by His Majesty the King. He, with his brother Gerald, also of the Royal Naval Air Service, received training at Dayton, O., and Augusta, Ga., going on active service in February, 1916. Flight-Lieut. Gerald Magor was invalided home some months ago, and was mentioned in dispatches for work done in the Eastern Mediterranean. Flight-Lieut. Norman Magor is expected home shortly on leave. Before enlisting he was Vice-President of Magor, Son & Co., while his brother was in his third year at McGill.

Certificates of the grade of Lieutenant and Captain have been awarded to the following provisional Lieutenants, according to an announcement from headquarters on November 27th. All the men concerned are in the Army Medical Corps:

Messrs. H. A. Abraham, A. F. Bastedo, D. Black, R. J. Gibson, G. P. Jackson, W. G. Shepherd, A. Taylor, H. E. Thompson, P. A. Williams, W. Dales, N. W. Furey, M. J. Kennedy, C. R. MacTavish, W. L. McIlwraith, C. O. Miller, W. R. Patterson, P. R. Shannon, and H. M. Torrington.

Mr. J. W. Bizley and Mr. E. A. Godfrey have been appointed to the 1st Depot Battalion, 1st C.O.R., with the rank of Lieutenant.

The following Canadian medical men and nurses were recently mentioned in dispatches by Gen. Milne: Lt.-Col. Geo. Gow, of Toronto; Majs. D. A. Graham, J. G. Johnson, Capt. W. A. Clarke, A. G. Sceeinbin, Sergt.-Majs. R. Glass and F. C. O'Brien; Nurses F. Colin, I. P. Curtis, B. M. Didion, W. H. Fray, S. Heaney, E. Martin, M. McBride, M. McCort, J. M. McDiarmid, T. McKiel, E. J. Reid, M. I. Richardson, E. K. Rogers, M. B. Sampson, A. M. Stirling, and E. F. Upton.

Col. I. H. Cameron, Lt.-Col. C. L. Starr, Lt.-Col. D. McGillivray, Lt.-Col. Robert Wilson (Montreal) and Lt.-Col. Courtenay (Ottawa), members of the Board of Consultants appointed to assist Surgeon-General J. T. Fotheringham, recently visited Toronto, inspecting the military hospitals and the sites suggested for the erection of other military hospitals. They will report their findings later to the A.D.M.S.

To serve as a surgeon on a British destroyer since last spring has been the experience of Sub-Lieut. W. P. Hogarth. Lieut. Hogarth went overseas with the University Hospital, and was stationed for two years and two months with that unit at Saloniki. He has returned to finish his course in medicine, entering on third year work.

Capt. George Ewart Wilson, 205 Bloor Street East, who was for the last six months chief surgeon of the Kitchener Military Hospital at Brighton, has returned to Toronto. He went overseas with No. 4 University General Hospital at the beginning of the war and was stationed with that unit at Saloniki. Last Christmas he was invalided back to England. Capt. Wilson is an F.R.C.S. of London, England, and an M.B. of Toronto University of '93.

Lieut.-Col. R. M. Simpson, C.A.M.C., of Winnipeg, has been appointed to the command of No. 1 Canadian General Hospital in France.

Major Harold Buck, M.C., of Port Rowan, an M.B. of the University of Toronto in 1910, has been wounded. He went overseas as a captain with No. 5 Field Ambulance. He was mentioned in despatches last June and given the rank of acting major. In July he was awarded the Military Cross for gallantry in action. At the same time he was reported wounded.

Three medical officers are reported to be returning home on leave. Among these is Capt. S. R. D. Hewitt, an M.B. of 1914. He went overseas with No. 4 University General Hospital and was invalided back from Saloniki in September, 1916. He came to his home in Exeter, Ont., the following October and returned in March to take a position in the Military Convalescent Hospital at Epsom, Surrey, Eng.

Capt. W. B. Shaw, C.A.M.C., has been appointed to the command of the Fairmount Military Hospital, Victoria, B.C. Capt. (Acting Major) Shaw was wounded about a year ago in France while in command of the 37th Battery of Canadian Artillery, and has not yet sufficiently recovered his health to return to the front.

Capt. Armstrong, C.A.M.C., who recently returned from the front, has been appointed to the command of the Ross Military Hospital at Moose Jaw, Sask. Capt. Armstrong has been decorated both with the Military Cross and the Croix de Guerre.

Capt. B. L. Guyatt, who is also returning was an M.B. of 1914. He was at one time attached to the Stationary Hospital at Exhibition Camp, and was later with No. 2 Field Ambulance. He practised at Binbrook, Ont., before enlisting.

Dr. D. D. Ellis, of Fleming, Sask., has received news that his only son, E. J. Ellis, was killed in action on October 26.

Capt. (Acting Major) F. B. Bowman, C.A.M.C., has been appointed to command No. 1 Canadian General Laboratory, and Capt. T. R. Little, C.A.M.C., to command No. 1 Canadian Mobile Laboratory, both recently authorized.

Lieut.-Col. Geo. W. Badgerow, who was well-known in Toronto before going to reside in England, has been appointed consulting surgeon in diseases of the ear and throat to the South African Military Hospital, Richmond Park, London.

Col. J. A. Roberts, of Toronto, who until a few month ago was O.C. of the University Base Hospital at Saloniki, now in England, has been appointed Assistant Director of Medical Services in London, replacing Lieut.-Col. J. McComb.

Capt. James Harvey Todd, Toronto, after spending nearly three years at the front, has returned to Quebec, and is now with Militia Headquarters as A.D.D.A.M.S., 5th district. His services abroad have been recognized by promotion to the rank of major.

Capt. Richard Alfred Ireland, an M.B. of 1911, is reported killed in action. Capt. Ireland was a member of the C.A.M.C., going overseas as medical officer of the 76th Battalion. His home was in Trenton, Ont.

Lieut.-Col. H. M. Robertson, Medicals, is appointed to command the Daughters of the Empire Hospital at Hyde Park, replacing Major P. G. Brown.

Another medical graduate to be returning to Canada is Major R. M. Hillary, of Aurora, Ont., who took his M.D.C.M. from Trinity in 1890. He went overseas as medical officer with the 127th York Rangers, and has seen extensive service at the front.

News of the Month

UNION MEDICAL COLLEGE, INDIA

Nearly three hundred people gathered at the home of Miss McCormack, "Oaklands," Toronto, on November 15th, to hear reports of the work of the Women's Christian Medical College of Ludhiana, and to wish Godspeed to Dr. Susan L. Fotheringham and Dr. Annabel McEwen, who left that night for India to join the staff of the college, Dr. Fotheringham to take the chair of obstetrics, and Dr. McEwen to devote herself to optical work.

Dr. Jennie Gray Wildman, President of the Canadian Committee, occupied the chair, and gave a short address on the unique work this college is doing. It is a Union Medical College for training Indian girls as doctors, nurses, druggists and midwives. Dr. Wildman called attention to the fact that this college is an example of economy, that Indian girls when trained are quite as efficient as foreign doctors, and can be supported during the five years of their training for the amount necessary for one year in our Toronto medical colleges.

Dr. Patterson spoke briefly of the need of medical women in India, mentioning the fact that Zenana life made it impossible for the high caste women to be treated by men doctors, and that even at the present time there was only one qualified medical woman for each 300,000 of the population. Dr. Patterson said she made no apology for bringing forward the cause of missions, even during the campaign for the Victory Loan, for money invested in missions had brought richer returns, even as a means of Empire defence, than any other line. The highest authorities, both civil and military, admit that the united loyalty of India is in a larger measure due to the influence and work of the missionaries.

The Rev. Dr. Wallace and Dr. R. P. Mackay both gave short addresses, and conveyed to the doctors the good wishes of the meeting. They congratulated the committee on having secured such representatives, and referred to Dr. Fotheringham as the worthy daughter of a worthy sire, recalling the influence of the life and work of the late Inspector Fotheringham. Miss Betty Thompson sang two solos very acceptably. At the close of the meeting tea was served and a social hour was spent.

REPORTING VENEREAL DISEASE

Venereal diseases have been declared by the Michigan State Board of Health to be dangerous communicable diseases, and as such must be reported to this board.

The authorities at Camp Custer have reported that so many of the men coming there from the draft boards have gonorrhea or syphilis that the Board must do something to protect those men before they are drafted as well as after.

Following a conference with Governor Sleeper and the War Board, who have generously supplied the means, the State Board of Health have inaugurated the following plan:

Each physician *must* report all cases of gonorrhea or syphilis coming to his attention, together with the source of infection. There is a psychological moment when this information will be obtainable—when the patient first discovers that he is infected and is disgusted. With this information the State Board of Health will apprehend the person transmitting the disease, place them in a hospital and treat them at state expense.

Confidence in making these reports will not be violated; no one will know who makes these reports, as they are mailed by the physician directly to the office of the Board and not through the local health office, as is done with other reports.

Because of the interest the State and National Governments have taken in this matter, the physician must report the cases or prosecutions will surely follow.

The Board have a plan started through which the druggist will stop prescribing for these cases.

ANNOUNCEMENT TO PHYSICIANS, PUBLIC HEALTH AND SOCIAL WORKERS OF THE UNITED STATES AND CANADA

The Metropolitan Life Insurance Company invites physicians, public health and social workers to make use of its valuable collection of mortality statistics.

These statistics present the principal causes of death among white and colored wage-earners in the United States and Canada. The material covers over ten million individuals for each of the six years, 1911 to 1916. Death rates are available for each race, by sex and by age period.

All inquiries should be addressed to Statistical Bureau, Metropolitan Life Insurance Company, 1 Madison Avenue, New York City.

FINAL EXAMINATION PASSES

List of candidates who have passed the final examination of the College of Physicians and Surgeons of Ontario in November, 1917, is as follows: Adam Ardill, the Hospital, Blind River; Elliott Nichol Ballantyne, 20 Elmwood Avenue, London, Ont.; William Elmer Berry, Madawaska, Ont.; Harold Austin Boyce, Harrowsmith, Ont.; James Sinclair Crawford, 148 Forsythe Street South, Sarnia, Ont.; Thomas Francis Delaney, 11 Queen Street, Sault Ste. Marie, Ont.; Harold Tremain Jost, 261 Somerset Street West, Ottawa, Ont.; Leo J. Murphy, 203 Bay Street, Ottawa, Ont.; Alvin James McKay, R. R. No. 6, Woodstock, Ont.; Harold Chester Nash, Stoney Creek, Ont.; Lorne William Nixon, Richmond, Ont.; Hugh James Porter, R. R. No. 2, Freeman, Ont.; Gordon Earle Richards, 52 Brunswick Avenue, Toronto; Charles Vincent Scott, 725 St. Clair Avenue, Toronto; Offley Jackson Shore, Glanworth, Ont.

The Physician's Library

Rest, Suggestion and other Therapeutic Measures in Nervous and Mental Diseases. By Francis X. Dercum, A.M., M.D., Ph.D., Professor of Nervous and Mental Diseases in the Jefferson Medical College, Philadelphia; ex-President of the American Neurological Association, of the Philadelphia Neurological Society and of the Philadelphia Psychiatric Society; Foreign Corresponding Member of the Neurological Society of Paris; Corresponding Member of the Psychiatric and Neurological Society of Vienna; Member of the Royal College of Budapest; Consulting Neurologist of the Philadelphia General Hospital, etc. Second edition. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut St.

This book is divided into three parts: first, Rest; second, Therapeutics of Mental Diseases; third, Suggestion, and is an old friend in a new garb. It was originally written for the System of Physiological Therapeutics, edited by Dr. S. Solis-Cohen. Of course it has been rewritten and brought up to date. Simple physiological methods of treatment, such as rest, feeding and psychotherapy, are fully explained, and to enable the reader more easily to understand the principle underlying the application of these methods, the problems presented by the exercise of function, rest, and various fatigue states, are systematized in a very attractive form. Throughout the whole book the treatment of nervous and mental diseases upon physiological measures, is very strongly advocated.

This is a book that must be read and understood, and is one which deals with this whole subject in a very thorough manner. Added to all this, the question of suggestion, such as hypnotism, Christian Science and mystic and religious methods generally are fully considered. These systems have been analysed and dealt with in a straightforward honest manner.

The whole question of the treatment of mental and nervous disorders is presented in a most comprehensive manner. It is a book that every medical man who attempts to do anything like general practice, should read, as it gives him the best possible idea of how to learn, and understand, and treat these forms of mental and nervous diseases, of which there seems to be a constantly increasing number.

A. J. J.

The Physicians' Visiting List (Lindsay & Blakiston's), for 1918. Sixty-seventh year of its publication. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street.

For nearly three-quarters of a century this welcome visitor has been reaching the profession, and once again it comes to hand. A large proportion of the profession would, we feel, be almost lost if they had to change their system of keeping track of their daily visits other than by means of a Physicians' Visiting List, and we again congratulate the publishers on their volume for 1918. Physicians should secure a copy at once and in that way start the New Year well.

Practical Materia Medica and Prescription Writing, with Illustrations. By Oscar W. Bethea, M.D., Ph.G., F.C.S., Assistant Professor of Materia Medica and Instructor in Prescription Writing, Tulane University of Louisiana, formerly Professor of Chemistry and Professor of Pharmacology, Mississippi Medical College, etc. Second revised edition. Philadelphia: F. A. Davis Company, publishers. English Depot: Stanley Phillips, London.

In this second edition many drugs have been dropped that were dropped from the pharmacopeia, some new ones have been added and many are described which are not official.

It is a work of 562 pages, including a double index—general and clinical—making it very convenient to look up what drugs are used in the various pathological conditions. Doses are given in both the ordinary and metric systems with equiva-

lents, and other useful information such as solubility of official substances, drops and weight in a fluid drachm, incompatibility. Fifty illustrations of the common errors of prescription writing with criticisms. This will be found an excellent reference book for student or general practitioner.

Anne's House of Dreams. By L. M. Montgomery, author of "Anne of Green Gables," "Anne of Avonlea," "The Story Girl," etc. With frontispiece in color by M. L. Kirk, Toronto: McClelland, Goodchild & Stewart.

In this war-mad world, as we enter another year, many a one will seize with gladness a gift-book that is not a war tale. A restful little story, full of sea breezes, firelight fancies, strong men and an assortment of women in a little community where Anne reigns the queen of all hearts at whose portals she knocks, just as she did at "Green Gables." Few there be who will not enjoy her "sweet reasonableness," if they find her amid their Yule-tide parcels.

The Principles and Practice of Dermatology. Designed for students and practitioners. By William Allen Pusey, A.M., M.D., Professor of Dermatology in the University of Illinois, etc. With 54 plates and 466 illustrations. Third edition. New York and London: D. Appleton & Company, 1917.

Every medical man ought to know a good deal about skin diseases. The skin is the most apparent organ to the examining physician; so any abnormalities of it should be noted and, if possible, diagnosed by every practitioner. It is not given to many regular men in general practice to get away for a few weeks to a big centre to come in contact with the many sorts of skin diseases seen in the post-graduate clinics. The next best thing is to get a book on the subject, with good descriptions of the various skin lesions and *well illustrated*. Such a book is this third edition of Dr. Pusey.

A glance at the table of contents shows what a comprehensive presentation the author has made of his subject—the principles of dermatology; hyperemias; exudative dermatoses; inflammations; dry scaly inflammatory dermatoses; hemorrhages; infectious diseases of the skin; dermatoses due to animal parasites; atrophies and hypertrophies; anomalies of pigmentation; neurosis; new growth; diseases of the appendages of the skin; diseases of the mouth. We feel impelled to make special reference to the chapter on infectious diseases of the skin, and particularly to Dr. Pusey's discussion of syphilis. With the advance of our knowledge of bacteriology the number of skin affections due to the invasion of micro-organisms is yearly augmenting.

There are over 1,240 pages in the book; and it is well indexed. Our appreciation of the excellence of this work is enhanced by the fact that Mrs. Pusey had a hand in the production of the volume. We congratulate both the doctor and his wife and wish the work a wide sale.

A Reference Hand-Book of the Medical Sciences, embracing the entire range of Scientific and Practical Medicine and Allied Science by various authors. First and second editions edited by Albert H. Buck, M.D. Third edition completely revised and rewritten. Edited by Thomas Lathrop Stedman, A.M., M.D. Complete in eight volumes. Volume eight. Illustrated by numerous chromo lithographs and three hundred and thirty-seven half-tone and wood engravings. New York: William Wood & Company, 1917.

The list of contributors to the concluding volume of the third edition of this splendid work includes some of the best known medical litterateurs in both the United States and Canada. The Canadian authors, whose names we find in that list, include Dr. J. H. Elliott, Toronto; Dr. F. J. Shepherd, of Montreal, and Dr. Beaumont Small, of Ottawa. A few of our American confreres are Dr. Chas. Lewis Allen, of Los An-

geles; Dr. A. H. Buck, New York; Dr. Hugh Cabot, Boston; Dr. S. Solis Cohen, New York; Dr. Smith Ely Jelliffe, New York; and Dr. T. L. Stedman, New York. The volume includes practically every subject directly related to medical science between the letters "S" and "Z," and is liberally illustrated by a large number of chromo lithographs and over three hundred half-tone and wood engravings. One article alone that makes the volume worth the purchase price is "The History of Surgery," from the pen of Dr. Stephen Smith, consulting surgeon to Bellevue Hospital, New York City. The author commences with a reference to the knife, the cautery as used in prehistoric days, and concludes with the days of the great Lister, 1827-1912. If the volume contained nothing else but this article, it would repay the purchaser. It is a work of art and has entailed an immense amount of labor. Another splendid contribution is on Syphilis, by Dr. W. T. Carlott, Professor of Dermatology, Western Reserve University School of Medicine, Cleveland, and Dr. W. C. Gill, also of Cleveland. We heartily congratulate Messrs. Wm. Wood & Co., of New York, in getting out such a splendid work as The Reference Hand-Book of the Medical Sciences.

My Four Years in Germany. By James W. Gerard, late Ambassador to the German Imperial Court. Illustrated. Toronto: McClelland, Goodchild & Stewart Limited. New York: George H. Doran Co.

We venture to think that, at the present stage of the world's history, when the universe is convulsed in a turmoil the like of which God grant will never again be experienced, no book has appeared that will hold the interest of the reader as Ex-Ambassador Gerard's "My Four Years in Germany." It is intensely interesting, and any physician who fails to purchase a copy and read it line by line misses a treat and can blame only himself if he does not fully and intelligently understand the great war and how the lust for world power of one man has resulted in the suffering of millions.

Cataract: Senile, Traumatic and Congenital. By W. A. Fisher, M.D., Professor of Ophthalmology, Chicago Eye, Ear, Nose and Throat College. Published by Chicago Eye, Ear, Nose and Throat College. 1917.

A most enthusiastic advocate of the Smith intracapsular operation for extraction of cataract. Dr. Fisher gives a most complete and understandable description of the operation and the various steps in its performance. The tables of post operative results are most encouraging. Oculists in America are not satisfied that the Smith operation has yet won its way like the Elliott operation for glaucoma, which swept wavelike over the ophthalmic operating rooms of this continent. It may after greater experience be proven to have disadvantages.

The Indian Operation of Couching for Cataract. By Col. R. H. Elliot, M.D., late Superintendent of the Government Ophthalmic Hospital, Madras. H. K. Lewis & Co., Ltd., 136 Gower Street, London, W.C., 1917.

A most interesting little book of 94 pages on the method of couching (*i.e.*, dislocating lenses into the posterior chamber), as practised by the Indian couchers. This operation was abandoned by the European profession so long ago that the oculists of to-day, with but few exceptions, have not considered that there were any occasions in which couching might be practised. A perusal of Elliot's observation on eyes in which the lens had been couched but confirms this opinion.

"*Health in Camp.*" By Austin T. Nankivell, M.D., D.P.H., Captain R.A.M.C., Medical Officer of Health of the Borough of Poole. The Chadwick Library, London, Constable & Co., Limited. 1s. net. 1917.

This little book is the amplification of a series of Chadwick Trust Lectures given by the author in the year 1914.

In eighty-one short pages the author concisely, but very satisfactorily, summarizes the main features of camp sanitation and personal hygiene in summer camps.

The various topics of camp sites, water and its purification, huts, tents and bivouacs, drainage, latrines and urinals, washing places, cooking places, refuse disposal, the control of insect life, etc., are briefly treated.

This is a most excellent little manual and will be found to be very useful not only to army medical officers, but also by all who are interested in summer camps, including those in charge of Boy Scout camps, Y.M.C.A. and school camps. No other book, at this modest price, is likely to be as valuable for the purpose for which it was written. It can be most heartily recommended.

The Medical Clinics of North America. W. B. Saunders Co., Philadelphia.

This is the first number, and to those who have not visited a clinic at the Hopkins this is the next best thing. Such well-known men as Janeway, our own "Lew Barker," and "Tommy Futcher," discourse on important subjects of internal medicine, reported apparently with remarks of students, stenographically. The series will be well worth subscribing for.

Medical Bacteriology. By John A. Roddy, M.D. Philadelphia: P. Blakiston's Son & Co. Price $2.50 net, 1917.

This book has been written primarily for students and practitioners of medicine, "pharmacists and those engaged in the foodstuff industries." It is really a combination of laboratory guide and elementary text-book for those indicated above. There is one feature of this book that is often conspicuously lacking in more ambitious volumes, it has originality and makes some pretence of being up-to-date. That a book of this sort was really necessary is extremely doubtful, however it is quite as useful as some already in the field, and while endorsation of books of this type is a questionable procedure it may have a certain field of usefulness.

Kirke's Handbook of Physiology. Revised and re-written by Charles Wilson Greene, A.M., Ph.D., Professor of Physiology and Pharmacology, University of Missouri. Ninth American edition; with 509 illustrations, including many in colors. New York: William Wood & Company, 1917.

Those of our readers who were in the primary classes twenty-five to thirty years ago—as was this writer—will pick up this familiar work and read with pleasure this new edition, with its discussion of hormones, epinephrin, pituitrin, neurones and cardiograms. The every-day practitioner will do well to keep up his physiology. This is essential if he wishes to practice modern therapeusis with its recommendations to administer vaccines, thyroid extract, etc. He ought to know the physiology of the ductless glands. A review of the functions of the well-known organs, such as the kidney, the liver and the brain; a study of heat mechanism and of the experiments on muscle preparation will not come amiss. There, in "Kirke," as of old, the reader will find the modern view in a nutshell.

The book is lucidly written, is in compact form, and should especially appeal to medical students and nurses in training. It has 790 pages, is well gotten up typographically, nicely bound, and can be purchased for the reasonable sum of $3.75.

Surgical Nursing in War. By Elizabeth R. Bundy, M.D., member of the medical staff, Women's Hospital, Philadelphia, formerly Superintendent of Connecticut Training School for Nurses, New Haven. With 37 illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut St.

This little volume of 184 pages is chiefly of interest because it calls for some of the essential points to be remembered by a graduate nurse called upon suddenly to take care of 800 wounded soldiers. Of utmost importance, she says, is the correct administration of douches, rectal irrigations and enemata, colon lavage, the preparation and use of hot applications. Bandaging, preparation of splints, and the use of antiseptics and handling of aseptic wounds are important, as is the knowledge of

how to prepare patients for operation quickly. Dr. Bundy's description of improvisations of the Carrel tubes and the use of Dakin's and allied solutions by means of home-made apparatus will appeal to the nurse and the general practitioner who has not the entré to hospital wards with his patients. The Balkan frame for a bed is described, as well as some practical splints. The treatment of trench disease and aviator's headache is outlined. An instructive book—and all for three "quatahs of a dollah."

White and Martin's Genito-Urinary Surgery and Venereal Diseases. By Edward Martin, A.M., M.D., F.A.C.S; John Rhea Barton, Prof. of Surgery, University of Penn.; Benjamin A. Thomas, A.M., M.D., F.A.C.S., Professor of Genito-Urinary Surgery in the Polyclinic Hospital and College for Graduates in Medicine; and Stirling W. Moorhead, M.D., F.A.C.S., Assistant Surgeon to the Howard Hospital, Philadelphia. Illustrated with 422 engravings and 21 colored plates. Tenth edition. Philadelphia and London: J. B. Lippincott Company.

It is but twenty years since the first edition of this splendid work on genito-urinary surgery and venereal diseases appeared from the press. Now we have the satisfaction of reviewing the tenth edition. It certainly must be gratifying to the authors so popular has been their effort, that the original book has had to be revised practically every two years. What tremendous strides have been made in this particular branch of surgery during the past ten or fifteen years. It alone would keep any author busy revising his writings in order to keep up with the pace. In the edition just to hand we find the subject of vaccines and serums dealt with at some length, also what is still more important, viz., the laboratory diagnosis of syphilis and control of treatment. The volume, in fact, presents "those therapeutic methods which have received the general approval of the clinically experienced." The book is perhaps one of the best yet issued, and should not be overlooked by those members of the Profession who aim to specialize on genito-urinary surgery or medical practitioners who desire to practise venereal medicine.

Hand-Book of Modern Treatment and Medical Formulary. A condensed and comprehensive manual of practical formulae and general remedial measures. Compiled by W. B. Campbell, M.D., formerly Resident Physician at the Methodist Episcopal Hospital of Philadelphia. Fifth revised edition. Philadelphia: F. A. Davis Company, publishers, 1917.

We can conceive of nothing more useful for a busy practitioner's desk than such a volume as this. No one knows better than one visiting a score and more patients a day, apart altogether from those he sees in his office, how difficult it is to attempt to remember even a limited number of the most recent formulae which have been found useful in the treatment of the different conditions which present themselves. Such a hand-book as now appears in its fifth edition will be of the utmost assistance, and we take pleasure in recommending it to the readers of this journal. Its price is $2.50 net.

Shell Shock and Its Lessons. By G. Elliot Smith, M.A., M.D., F.R.C.P., F.R.S., and T. H. Pear, B.Sc. New York and London: Longmans, Green & Co. Price, $1.00.

This little book has been written with two objects, namely, on the one hand to give a description of Shell Shock, and on the other to protest against the present method of treating mental cases in England, a protest which is equally applicable to the institution life in Canada.

Shell-shocked victims cannot be treated by the plan of giving general treatment to the whole class, but there must be the individual care and examination of each case.

The disturbance is due to many causes acting on the same individual—emotion, anxiety, anger, bodily hardship, and long strain—which produce the usual and characteristic symptoms, similar to those so well known in civil accident cases.

Treatment demands psychical analysis, and suggestion as routine and regular treatment for each individual, and to these the usual physical methods are useful adjuncts.

The second part of the book is a demand for the treatment of the mental diseases of the civil population in the future by

properly constituted psychiatric clinics, and an attempt to urge that after the war is over, the English public should be treated intelligently in institutions formed after the Munich, Giessen and Boston clinics.

The little volume is well written and should lead to a keen interest among the Canadian psychiatrists, who are equally anxious that after the war there should be better treatment of mental cases in Canada than the present age-worn institution plans.

Encyclopaedia Medica, second edition, under the general editorship of J. W. Ballantyne, M.D., C.M., F.R.C.P.E. Vol. V., "Filix Mas to Heart." Edinburgh to London: W. Green & Son, Limited; 1917.

Among the contributors to this volume of the second edition of *Encyclopaedia Medica,* we find such names as Dr. W. T. Ritchie, Lecturer in Surgical Pathology at Edinburgh University; Dr. H. L. Watson Wemyss, of Edinburgh; Dr. J. W. Ballantyne, Lecturer on Midwifery at Edinburgh University; Dr. J. Stewart Fowler, Physician Royal Hospital for Sick Children, Edinburgh; Dr. A. W. Mayo Robson, of Leeds; Professor H. Alexis Thomson, Edinburgh University; Dr. Dawson Williams, Royal Hospital for Sick Children, Edinburgh; Dr. Alex. Goodall, Royal Infirmary, Edinburgh; Dr. A. E. Garrod, St. Barts' Hospital, London; Sir Herbert Waterhouse, Lecturer on Surgery, Charing Cross Hospital; and Dr. Jas. Ritchie, Edinburgh. Perhaps the most important section of the entire volume is that devoted to the heart, covering almost two hundred pages. "The Comparative Anatomy and Physiology of the Heart" is contributed by Dr. Alex. Morison, of London; "Affections of the Myocardium and Endocardium," by Dr. T. N. Kelynack, of London; "Examination of the Heart by Graphic Methods," by Mr. G. Douglas Mathewson, of Leith Hospital; "Congenital Malformations of the Heart," by Dr. John Thomson, of Edinburgh; "Motor Disorders of the Heart," by Dr. Alex. Morison; and "The Surgery of the Heart," by Dr. Jas. M. Graham, of the Department of Surgical Pathology of Edinburgh University.

AN IDEAL RESORT FOR CONVALESCENT PATIENTS *

PHYSICIANS have frequent opportunities of referring those convalescing from illness to a resort where they can quickly recover their old-time vigor and enjoy an almost ideal climate, 2,500 feet above sea level. Such a resort is Virginia Hot Springs, just one night out of New York. The management have spent a huge sum of money on this choice spot in "Old Virginny," and are anxious that the Canadian medical profession should continue to refer cases there, as they have done in years gone by. The Homestead Hotel is one of the handsomest houses in America. It is built of solid brick, containing 500 guest rooms, with many parlor suites and 300 private baths. It is spacious, dignified, quiet and restful, with magnificent mountain views on every side. It is no exaggeration to say that Hot Springs means the Homestead Hotel. The Company owns 5,000 acres surrounding the hotel, so that physicians can understand that their patients have every opportunity of enjoying outdoor life and regaining thereby their normal strength.

The dominant factor making Hot Springs world-famous is the cure in which the climate as well as the water assist. The waters are conducted by gravity to the bathhouse and distributed fresh from the ground to the bathing apartments on different floors without loss of heat or its increase by artificial means, and fully charged with all their gases and other health-giving qualities. At none of the celebrated places in Europe, and at no other springs in America, is the temperature prescribed for hot baths that at which the water actually emerges from the earth in the natural springs.

The springs are beneficial, not only for bathing, but for drinking. Besides the hot springs, the effects of which as drinking waters are pronounced, there are magnesia, sulphur, and soda springs within the grounds, and alum water from a spring not far distant. The water from the soda spring comes strong and clear from the ground at a uniform temperature of 74 degrees. Physicians should address for full information Christian S. Andersen, Esq.

* Publisher's Department.

The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XLIII. TORONTO, FEBRUARY, 1918 No. 2

Editorials

THE CANADIAN ARMY MEDICAL SERVICE

SURGEON-GENERAL FOTHERINGHAM, Director of Medical Services, Invalids, C.E.F., late A.D.M.S. Second Canadian Division, contributes * an interesting article to a recent number of the *British Medical Journal* on the work of the Canadian Army Medical Service.

In opening, the essayist pays a high tribute to the British army officers who settled in Canada early last century and handed down such fine traditions. He comments on the amicable relations existing between the Canadian Medical Service and the British Medical Service.

Speaking of work done, he says preventive inoculation has been practised routinely with praiseworthy results, for typhoid, smallpox and tetanus.

The systematic inspection of the water supply has done much to assist in controlling typhoid, dysentery

* This article is practically the Address delivered by Surgeon-General Fotheringham, C.M.G., before The Academy of Medicine, Toronto, three months ago.

and the like. A water which gives a good reaction for the presence of free chlorine half an hour after the addition of chloride of lime is considered a safe water. It is used in a strength of 1 grain to 110 gallons. Mobile laboratories are available to examine and give information on request. Water patrols see that no sources of water supply are polluted; that no washing or watering of horses is done at other than authorized points; that no material connected with the corps' water system is destroyed or removed without orders; and they visit daily each water tank, stand-pipe, and other place where water carts are filled, collecting the daily report from the "Divisional Control" in charge. Adequate control is also given to baths and laundries.

Gunshot wounds of the lungs are rarely complicated. If fever continues longer than six or seven days, blood is drawn off for culture; it is usually found sterile. The blood so drawn off is sometimes replaced contemporaneously by oxygen. Uncomplicated cases usually are fit to travel about the 13th or 14th day.

X-rays are used to locate foreign bodies; a small percentage of patients are found amenable to early operation for removal of such if found. Gas infection is very rare in pleural blood. There has been little lobar pneumonia, but a good deal of laryngitis, bronchitis and a sort of migratory broncho-pneumonia. There have been a good many cases of pyrexia of unknown origin—treated expectantly.

Capt. A. Howard Pirie, a Canuck, has devised a scale based upon the fact that the shadow of a foreign body under X-ray increases in size as the plate is removed farther from the body. Suppose the plate to be in contact with the skin, one has but to measure the size of the skiagram of the foreign body and compare it with the scale and its depth will be at once indicated. The Mackenzie-Davison method, by triangulation, is used for pieces of shell of unknown size. The Bergonié electro-magnet also is used much in locating German bullets, and the telephone probe for locating non-magnetic substances.

Practically all the stationary and general hospitals sent by Canada have gone from the Universities. The highest medical authorities have found these Canadian units second to none.

The mobile laboratories have made special studies of continued fevers, pyrexias of unknown origin, nephritis, trench fever, stomatitis, meningitis and epidemic jaundice.

Members of the dental corps are posted one to each field ambulance in the field, and each casualty clearing station and stationary and general hospital. There is a dental laboratory where artificial dentures are repaired. In France, the dental service has been placed under the medical service.

Canadian Journal of Medicine and Surgery

Editors

Surgery:
N. A. POWELL, M.D., C.M., Professor of Medical Jurisprudence, Medical Department, University of Toronto; Senior Assistant Surgeon in charge, Shield's Emergency Hospital.

Clinical Surgery:
ALEX. PRIMROSE, M.B., C.M., Edinburgh University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University; Surgeon Toronto General Hospital; and HERBERT A. BRUCE, M.D., F.R.C.S., Eng., Surgeon, Toronto General Hospital.

Orthopedic Surgery:
W. E. GALLIE, M.D., Associate Surgeon, Hospital for Sick Children, Toronto; CLARENCE L. STARR, M.B., Associate Professor of Clinical Surgery, University of Toronto; Surgeon-in-Chief of the Hospital for Sick Children, Toronto; Consulting Surgeon to Toronto General Hospital; H. P. H. GALLOWAY, M.D., Orthopedic Surgeon, Winnipeg General Hospital; Lecturer in Orthopedic Surgery, Manitoba Medical College; Member of The American Orthopedic Association.

Militia and Naval Medical Services and Ambulance:
J. T. FOTHERINGHAM, M.D.; C.M.G.; Colonel, Army Medical Corps, Associate Professor of Medicine and Clinical Medicine, University of Toronto; Associate Collaborator, CHAS. J. COPP, M.D., C.M., Hon. Sec. Provincial Council of Ontario, St. John Ambulance Association.

Medical Jurisprudence and Toxicology:
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Reprints supplied at Net Cost

Original Contributions

WHAT THE AMERICAN SOLDIER NOW FIGHTING IN FRANCE SHOULD KNOW ABOUT TUBERCULOSIS*

BY S. ADOLPHUS KNOPF, M.D. (NEW YORK AND PARIS).

Captain, M.R.C., U.S. Army; Professor of Medicine, Department of Phthisiotherapy, at the Post-graduate Medical School and Hospital; Senior Visiting Physician to the Health Department's Riverside Hospital-Sanatorium for the Consumptive Poor of the City of New York.

With an Introduction

BY WILLIAM H. WELCH, M.D., LL.D.

Dean and Professor of Pathology at Johns Hopkins Medical School, Baltimore; Chairman of the Advisory Committee on Public Health to the United States Government; President of Board of Directors of the Rockefeller Institute for Medical Research.

Baltimore, October 10th, 1917.

S. Adolphus Knopf, M.D., New York City.

My dear Dr. Knopf:—

You have added to your many services in the anti-tuberculosis cause by the preparation of your timely brochure, "What the American Soldier Now Fighting in France Should Know About Tuberculosis."

I find this article characterized by the same skill, simplicity and lucidity in presentation and by the same ability in the selection of essential points which have marked your previous publications in this field.

Particularly interesting is your suggestion that our soldiers, possessed of such knowledge as you impart and trained in habits

* Read before the general session of the American Public Health Association, at its 45th Annual Meeting in Washington, October 19, 1917, and published by authority of the Surgeon-General of the United States Army.

of cleanly, healthy living, may be missionaries of health as well as comrades in arms to their French colleagues.

Everything possible must be done to protect our soldiers from the risks of tuberculosis, and I believe that the public may be assured that this will be done. Undoubtedly the education of the individual soldier is an important part of these efforts and your pamphlet is an important contribution to this end. There is every reason to anticipate that our army will be spared the pitiful experience of the French in this matter of tuberculosis.

Very sincerely yours,

William H. Welch.

Foreword.

Ever since the publication of Professor Hermann M. Biggs' remarkable article, "Tuberculosis in France," in *The Survey*, of May 5th, 1917, I have been the recipient of many letters and personal visits from parents and friends of our boys who have gone to France to fight for the liberty and democracy of the world. I have been asked again and again what can be done for our boys so that they may not contract tuberculosis while fighting in France. In the number of *The Survey* just mentioned, Dr. Biggs made the following authoritative statement: "In the beginning of this year it was estimated that about 150,000 French soldiers had been returned to their homes with active tuberculous disease and that more are constantly being discharged for this cause." Besides these 150,000, Dr. Biggs conservatively estimated that there would be altogether, including the civilian population, not far from 500,000 cases of tuberculosis in France to be dealt with if the war were to terminate at once. This was in January, 1917.

That such statements as these should cause serious anxiety to parents whose sons are now in France, or are about to leave for that country, is easily understood. Yet these parents as well as their brave boys should know that the danger of the latter becoming tuberculous is not nearly as great as one might think from the figures quoted.

There was a time in our own country when the frequency of tuberculosis and the death-rate therefrom were as high as they are now said to be in France. It was knowledge of the origin of the disease on the one hand and the methods of cure of the disease on the other, which have resulted in a remarkable decrease of tuberculosis throughout the United States. Popular anti-tuberculosis education under the leadership of Dr. Biggs, and the sanatorium movement under the guidance and inspiration of the late Dr. Trudeau, have made the United States rank next to England, the country which has the lowest tuberculosis morbidity and mortality of any of the great countries of the world.

To summarize in as concise and practical a way as possible the ordinary precautions and measures which have helped in the fight against tuberculosis in the United States, as they may be applicable to the lives of our boys in the field and trenches in France, is the object of this little essay. It is my hope that thereby not only may the anxiety of American fathers, mothers and wives be allayed, but that by the example given to their brave French comrades in the methods of living even in trenches, dugouts, tents or barracks, or when billeted in the homes of French civilians, our own soldiers may be effective, not only in fighting for liberty and democracy, but also in fighting that other great enemy of mankind, known as consumption. Let our American soldiers in the field and also our French brethren in arms know as much as possible about tuberculosis, its causes and prevention, and they will be able to fight this insidious and invisible enemy as victoriously as they are fighting the visible powers which brought upon the world this indescribable catastrophe.

To make this little essay as practical as possible, I will arrange the subject matter in the form of questions and answers.

What is tuberculosis, particularly the most common type known as pulmonary tuberculosis, or consumption?

It is the most prevalent of all diseases and is chronic, infectious, communicable, preventable and curable. All these terms are self-explanatory, except, perhaps, the word communicable.

which I prefer to the word "contagious." To illustrate the difference between the words "communicable" and "contagious" let us take the two diseases smallpox and consumption as examples. Smallpox is a highly contagious disease; the word contagious coming from the Latin *contingere,* to touch. No matter how clean or conscientious the smallpox patient may be, no matter how well conducted the smallpox hospital, it is most dangerous to touch the smallpox patient, and it is most unsafe to visit a smallpox hospital unless you have been vaccinated or revaccinated, recently. On the other hand, the honest and conscientious tuberculous patient, who takes care of his expectoration in the manner which will be described later on, can be associated with and touched without any danger of contracting the disease. The sanatorium or tuberculosis hospital, where all precautions concerning the proper disposal of infectious spittle or expectoration are religiously observed and the patients taught to be conscientious, is the safest place not to contract consumption.

What is the direct cause of tuberculosis?

The direct cause of tuberculosis, or consumption, is always the bacillus of tuberculosis, which is a microscopic organism found in the affected part of the body. Pulmonary tuberculosis, or tuberculosis of the lung, is the type of tuberculosis most frequently found and the type with which those brave French soldiers are now so frequently afflicted; but all other organs of the body (bones, intestines, etc.,) can become affected by tuberculosis.

Tuberculous disease is locally characterized by countless tubercles, that is to say, small rounded bodies, visible to the naked eye. The bacilli, lodged in these tubercles of which they cause the formation, are parasites, belonging to the lowest scale of vegetable life and must be considered as the specific cause of all tuberculous diseases. This parasite, so small that it can only be seen with the aid of a powerful microscope, not only gradually destroys the lung substance through ulcerative processes, but, at the same time, gives off certain poisonous substances called toxins, which cause various, and often serious, symptoms. In

the secretions or expectorations coming from an affected lung, millions of bacilli can often be found.

What are the early symptoms of pulmonary tuberculosis which can be recognized by the layman?

The important earlier symptoms of pulmonary tuberculosis are long-continued cough, with or without expectoration, or hoarseness, loss of flesh, flushes or pallor in the face, feverish sensation in the afternoon, occasional nightsweats, chilly sensation in the morning, loss of appetite, sometimes a little streak of blood in the expectoration, loss of strength manifesting itself in easy tiring, frequent colds, a perceptible quickening of the heart-beats after slight exertion, a little change in disposition, such as an increased irritability, or a feeling of depression.

What are the methods whereby tuberculosis is communicated from one human being to another, or from animal to man?

The three methods by which the germ may enter the human system are by inhalation, ingestion and inoculation. The tuberculous sputum, when dried and pulverized and mingled with the dust of the air, may be inhaled. Tuberculous meat and milk taken as food is prone to produce tuberculosis, particularly in children. Inoculation may take place when an open wound or abrasion of the skin comes in contact with tuberculous substance.

How can these methods be prevented or the germs destroyed?

The main method of contracting tuberculosis is by inhalation. Whenever one coughs and expectorates, whether it be in the trenches, dugouts, barracks, armories, or other confined places, he should endeavor not to deposit the sputum where it has a chance to dry up, unless it be where exposure to direct sunlight will render it harmless. When one coughs, let him always hold his hand before his mouth. He will thereby avoid inhalation-infection and also spray- or droplet-infection, if he should happen to be afflicted with tuberculosis, influenza, or even an ordinary cold. By droplet-infection is understood that manner

of conveying the disease by the spray of small particles (droplets) or infectious saliva during the so-called dry cough or when sneezing, and in some individuals during excited speaking.

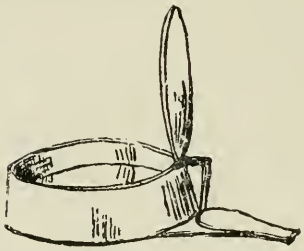


Fig. 1—Metal floor cuspidor with large opening. Should be partly filled with wet sawdust. Cover worked by the foot.

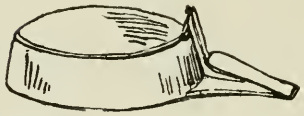


Fig. 2—The same when closed.

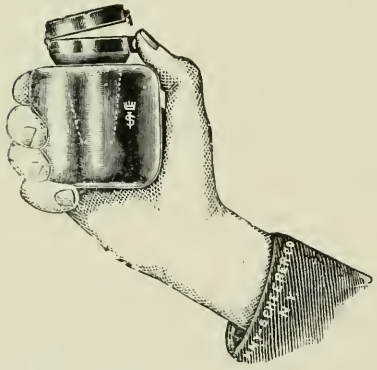


Fig. 3—Nickel-plated oval-shaped pocket flask, manageable with one hand. Funnel removable.

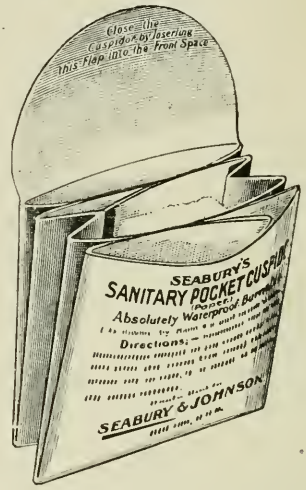


Fig. 4 — Pasteboard sputum purse.

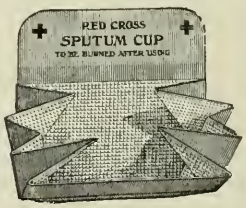


Fig. 5—Pasteboard sputum purse. Small size.

Of course, it is out of the question to speak of the use of spittoons placed on the floor (Figs. 1 and 2), pocket spittoons (Figs. 3, 4, and 5), or even pieces of cloth to be used for expectoration in the trenches, dugouts, or similar places; but when

in ordinary places of human habitation, barracks, tents, armories or houses of civilians, even if one expectorates only because of a simple cold, influenza, measles or whooping cough, he should never do so on the floor or anywhere but in some kind of receptacle where he is sure that the contents cannot dry and become pulverized. Whenever a receptacle is used it should be covered so that flies cannot have access to it and thus carry the germs of the disease on to food or whatever they may alight on. Spittle should be either poured into the water-closet or rendered harmless by some antiseptic fluid (5% carbolic acid solution); pieces of cloth used to receive sputum should be burned and paper spit-cups with their contents should be disposed of in the same way, for it must be remembered that even the germs of ordinary colds may prove quite serious, particularly when inhaled by one whose general health has been undermined by fatigue, privation of sleep, want of food, etc. These precautions with the expectoration should be especially adhered to when the soldiers, after leaving the trenches temporarily or permanently, are billeted in peasants' houses in villages or citizens' homes in towns or cities.

Against the danger of tuberculous food in the form of infected milk or meat, sterilizing or boiling the milk and thoroughly cooking or broiling the meat, suffices for all practical purposes. It is also well to form the habit of washing the hands before touching food whenever this is possible. To protect oneself against getting tuberculous inoculation from any skin wound or scratch, it is best to let the wound bleed freely, so as to wash away infectious substances, and then use a clean piece of cheesecloth or muslin, steeped in hot water or alcohol, and tie up the wound until surgical aid can be obtained.

What protects the healthy individual against contracting tuberculosis?

It should be known to all those who fear to contract tuberculosis because they have been in contact with a tuberculous patient and believe they have inhaled some bacilli, that a healthy individual need not fear to become tuberculous unless he is constantly exposed to the inhalation of the germs. In health,

when the human system is in good condition, it is provided with many means of defence against the accidental inhalation of bacilli. First of all, there is the mucous membrane of the nose, the secretions of which have what is known as bactericidal, that is to say, germ-killing properties. In the nose a fine growth of hair offers a hindrance to the entrance of coarser particles of dust, while the throat is lined with very fine hair-like bodies, known as cilia, which, by an upward waving motion, prevent the finer dust particles and germs from entering the deeper respiratory tract. Lastly, in the blood itself, the white blood corpuscles are active in destroying the bacteria. Similar powers are also ascribed to the secretions of the stomach. Besides these four sources of defence, there exist probably in most of us in our circulatory system what is known as antibodies, which likewise counteract the invasion of tuberculosis germs. Thus, any one possessing average good health need not be afraid of becoming tuberculous even though he may, from time to time, come in contact with a patient who is not over careful.

In order for tuberculosis to be contracted from the occasional inhalation of tuberculosis germs or even the ingestion of tuberculous food, there must exist the conditions in which the tuberculosis germs can grow, or, in other words, the subject must be predisposed either by heredity or acquisition. This predisposition may be accounted for by the subject never having possessed, or having lost the power of natural resistance to the germs. When an individual has never been robust and has never possessed the power of natural resistance to tuberculosis, he has probably inherited this predisposition.

What constitutes a hereditary predisposition to tuberculosis?

A tuberculous parent, particularly a tuberculous mother, when she has been actively ill with the disease during the time of pregnancy, may transmit to the child such a weakened system that it becomes a ready prey to tuberculosis. If the mother is careless she is sure to infect the child after birth, and because of this early after-birth or post-natal infection, tuberculosis is often considered hereditary.

However, for the comfort of those who may have a tuberculous parent, let me say here that by reason of the good care bestowed upon him, many such a child has grown up strong and well, and if he has not had tuberculosis by the time he has reached military age, and the disease has not been discovered by the recruiting surgeon, he may safely consider himself free from danger of developing tuberculosis if he leads what might be simply called a normal, healthy life.

Aside from this hereditary condition, there are, of course, many ways in which a predisposition, or loss of natural resistance, producing the ready soil for the growth of the tubercle bacillus, may be acquired.

How is the predisposition to tuberculosis acquired?

First of all, there are certain diseases which often leave the system in a weakened condition. Among them are measles, whooping cough, typhus and typhoid fever, grippe, chronic bronchitis, pleurisy, pneumonia; also all venereal diseases. Privation, want of food, lack of air and sunlight, insufficient clothing, and the prolonged inhalation of irritating substances, as well as over-fatigue and lack of sleep, may also render the system susceptible to tuberculosis. Excessive smoking, especially of cigarettes when the smoke is inhaled, is apt to injure the respiratory system and make it more susceptible to disease, to weaken the action of the heart, impair the function of the nervous system, and lessen the general efficiency. One who has never smoked had better not acquire the habit. One of the greatest predisposing causes of tuberculosis is the excessive use and abuse of alcoholic drink. When the alcoholic contracts tuberculosis, the outlook for a cure is not nearly as favorable as in a man of temperate habits. Patients recovering from the above-mentioned diseases should be particularly careful to avoid prolonged contact with tuberculous individuals.

What can the soldier in the field do to prevent becoming predisposed to tuberculosis?

Since one of the greatest predisposing causes to tuberculosis is alcohol, it is, of course, best for the soldier to abstain entirely

from the use of liquor and strong alcoholic drinks. As far as possible, he should eat regularly, keep his body clean, and rest when he can, so as to avoid over-fatigue. He should keep his bowels in good condition and drink plenty of good, pure water. He should also try to clean his teeth after meals whenever this is feasible. When his garments have become wet from rain or

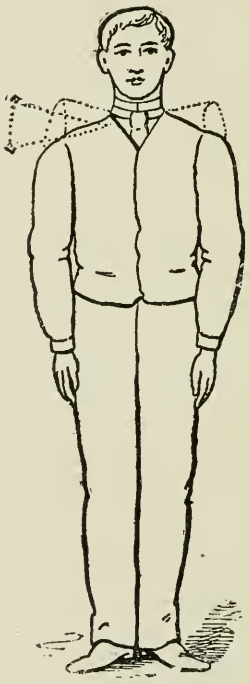


Fig. 6—Breathing exercise, with rolling of shoulders.

snow, he should not lie down and sleep in them if this can possibly be avoided, and he should be equally careful not to lie down on the moist ground without sufficient protection. But of course, on the firing line and in trenches and dugouts, these precautions cannot often be carried out, and one must do the best he can.

If the air in the dugouts and trenches seems to be vitiated, that is to say, foul and lacking oxygen, whenever circumstances will permit it the soldier should go where the air is pure, and take some deep-breathing exercises. The simplest one of all is to inhale deeply, raising the shoulders during the act of inhalation, moving them backward and remaining in that position, retaining the air for about five or six seconds, then exhale a trifle more quickly by moving the shoulders forward and downward. The accompanying illustration (Fig. 6) will help to explain this exercise. Repeat this exercise six to eight times, and, if convenient, repeat it after half an hour or an hour.

If the dugouts and trenches can be ventilated to admit fresh air, this should by all means be done. In tents and barracks and all other sleeping quarters, the soldier should, of course, make it his business to see that these habitations are always well ventilated. Fresh air by day and by night is the best preventative as well as curative agent against tuberculosis.

What should the soldier do so as not to spread tuberculosis?

On page 41 the first symptoms of tuberculosis have been described. With these he should make himself familiar, and if he coughs and expectorates he should gather a specimen of his sputum and take it to the doctor for examination. Until he has seen the doctor he should use all the precautions possible; that is to say, spit in a piece of cloth or in a receptacle which he should empty into the trench latrine, water-closet, or drain. During the cough he should hold the hand before the mouth and should never swallow his expectoration.

If the soldier perceives any of the symptoms described, he need not think at once that he has tuberculosis, but it is his duty as a soldier to report his condition immediately to the surgeon in charge of his company. He will then be carefully examined and proper care taken of him. If the ailment is not tuberculosis, the examination will demonstrate it; if it is tuberculosis, the early diagnosis and timely treatment will save the individual's life; for let it be known right here that of all the chronic diseases human flesh is heir to, none offers so favorable

a chance for cure as does pulmonary tuberculosis if discovered early.

Should the American soldier in France greatly fear contracting tuberculosis after what has been said of the frequency of the disease among French soldiers and the French civilian population?

First of all, let us consider that even before the war the death rate from tuberculosis in France was twice as high, for example, as in New York City; that is to say, while in France there were, in each year, three deaths from tuberculosis for every thousand of population, in New York there were only one and a half per thousand. Brave and beautiful France had to mobilize a great army and had to do it quickly. The thorough physical examination, so essential for the discovery of tuberculosis, could not be made, and thus many a young man strongly predisposed had to enter the army in defence of his country. While military life, even in trenches and dugouts, may be conducive to the increase of strength and vigor in the normal and healthy individual, the stress and strain of the soldier's life in war time, long marches, life in trenches and dugouts, and the actual work on the firing-line, will develop an active tuberculosis in the strongly predisposed, or in those already afflicted with incipient tuberculosis, often at an alarmingly rapid rate.

This must be the explanation of the great frequency of tuberculosis among the fighting soldiers in France. Although popular education against tuberculosis had been carried on some time before the war, it was not nearly so intensive and far-reaching as in the United States. Thus, for example, in the United States we had thirty organizations doing anti-tuberculosis work in 1915. We have now 1,400 different anti-tuberculosis associations and committees. Dr. Biggs tells us: "At the beginning of the war there were in the whole of France only one thousand sanatorium beds for tuberculosis and these were in private institutions. There were no provisions for the care of advanced cases, excepting as they were received in the general wards of the general hospitals." In the United States we have, at this time, 530 special tuberculosis sana-

toria and hospitals with 35,000 beds. Aside from this, we have 450 clinics and dispensaries for the treatment of cases which do not require, or are waiting for, institutional care. Of open-air schools, which are little known in France, we have nearly 1,000. Thus there is in France a great scarcity of sanatorium and hospital accommodations for the tuberculous in the various stages of the disease, with only a small number of tuberculosis clinics available for the treatment of early ambulatory cases.

Aside from the lack of preventive and curative institutions we must mention another factor responsible for the seriousness of the tuberculosis situation at this time in France. With all our love and admiration for the French people, and particularly for our French brethren in arms, we must admit that, as a whole, they are not taught from their childhood the love of fresh air and the use of cold water as invigorating agents, as is the average American boy or girl. This is the fault of their tradition, and their prejudice against the use of cold water and fresh and cold air by day and by night must be overcome in order to reduce the frequency of tuberculosis among the French people. Of course, the hardship this war has imposed upon the French civilian population, the deportation of many of them and the sufferings they had to endure during their enforced absence from home, is largely responsible for the fearful increase of tuberculosis among these people.

All the sad conditions which predispose the individual to tuberculosis either by heredity or custom, and those which are acquired by privation, want, lack of food and air, physical and mental sufferings, have combined to increase the number of tuberculous individuals throughout France. Fortunately for the American soldier, his early training in the love of fresh air and the use of cold water on his body have made him naturally more resistant to the disease, and to the honor of our military surgeons it must be said that the examinations at the recruiting offices are most thorough, so as to weed out those who are strongly predisposed to tuberculosis or already afflicted with the disease in the incipient stage. The examination is repeated after a few months' training, so as to make sure that no tuberculous

invalid is in active service. Yet, the possibility that some of our soldiers may develop tuberculosis must be admitted; but even should this occur, if the American boy now serving under arms in France will remember his obligation to his comrades, to himself, to his country, and to his allies, and profit by these few words of advice, he will not be in great danger of the disease and will be well taken care of if he should get it. There are, as already stated, a large number of institutions which will take care of him on his return home. Many public and private sanatoria throughout the United States have offered to take care of any of the American soldiers who may be returned from France as tuberculous invalids. Do not be discouraged even if you should get a tuberculous infection. The disease is nearly always curable in the early stages.

What can the American soldier, now in France, do to help in the fight against tuberculosis?

I have already stated, in my short preface, that this essay is written not only to protect our American boys, but also in the hope that by example and teaching they may help to combat this disease of the masses among their French comrades as well as among the citizens with whom they may come in contact.*

Most French people, and not a few Americans, still fear the night air, and are too much afraid of draughts as being most dangerous and the cause of catching colds. First of all, the practice of sleeping with the window open at night in winter and summer should be taught by example and by word of mouth or by printed instructions. But this must be done with great tact so as not to offend. These good people should be made to realize that night air is as good as day air and even purer, for, as a rule, there is less traffic, less commotion and less dust in the air at night. Draughts are only dangerous to the individual when he has perspired and the pores of his skin are open; at all other times draughts are beneficial, since air currents and winds tend to purify the atmosphere. Under ordinary conditions, colds are never contracted from draughts, but are due to infection

* A French translation will be available for distribution to their French comrades.

just as much as tuberculosis, for all grippes and colds are due to certain specific organisms. The germ of the former is known under the name of Pfeiffer bacillus and the latter by the name of bacillus of catarrh.

It is in the closed and badly-ventilated room that the ordinary germs of colds, influenza, measles, whooping cough, and sometimes even the germs of pneumonia are spread by persons coughing into the air. We have already alluded to the precautions every individual should take during the act of coughing, no matter whether he thinks he is ill or not. Ordinary colds, grippe, measles, whooping cough, bronchitis, pleurisy and pneumonia are often the forerunners of tuberculosis, and we should do all we can to prevent them by hygienic methods; we will thus reduce the frequency of tuberculous diseases.

To clean the dust from furniture with the feather duster is still a favorite practice in French and in many American homes. It is in reality one of the most unhygienic ways of cleaning. It does not clean but simply causes the dust to settle in another place, and the people who dust as well as the people who live in rooms cleaned by this method are subject to inhaling the dust which, in many instances, is not free from disease-producing germs. It may be said that the same conditions result from dry-sweeping of rooms and corridors. The use of moist sawdust or the moist used tea leaves of immemorial English custom, or newspapers torn up, moistened, and strewn on the floor, suffices to allay the dust. Cleaning furniture with a moist or slightly oily cloth is far more hygienic and more effective.

To avoid the possibility of becoming infected or of infecting others, you should never kiss any one, especially not a child, on the mouth. The French custom of kissing on the cheek is far more hygienic. Do not swap eating or drinking utensils, and see that they have always been thoroughly cleaned before use.

Any one who has never used a cold water bath and is fearful of not reacting, that is to say of not getting warm again after its use, can easily become accustomed to this health-giving measure by beginning to take his cold water applications in the morning in the following way: Stand in a tub containing mod-

erately hot water a few inches in depth and have within easy reach a wash basin full of cold water in which a large sponge has been placed. Squeeze out the sponge full of cold water rapidly over the back, holding it at the neck, then in front over the throat, and over each shoulder, in such a way so that the whole body receives an ablution of cold water. Dry yourself quickly, not necessarily very thoroughly, and return for a few minutes to the bed, which should have been covered after leaving it so as to retain the warmth. Reaction is thus absolutely assured. By this method any individual can train himself to the use of a cold ablution, shower-bath, douche, or cold plunge.

In most parts of France there is even a prejudice against drinking water. Now it should be distinctly understood that next to fresh air there is perhaps no greater factor in keeping a man well and strong than a plentiful ingestion of pure water. A moderate quantity (about a glassful) with meals and two glasses between meal times is most conducive to good health.

If the American soldier should come in contact with any comrade or man or woman of the civilian population, in whom he should recognize, as a result of the study of this brochure, the symptoms of a tuberculous disease, let him urge his friend to see a physician and institute such precautions as are necessary to avoid the possible conveyance of the disease to others.

In most American communities, every case of tuberculosis is reported to the health department, whence the physician, if he so desires, can obtain literature which will enlighten the patient and his friends as to the best methods of prevention and cure. In the United States there is usually a large corps of trained nurses attached to the health departments for the purpose of visiting the tuberculous poor, teaching them practical hygiene and seeing that the physician's directions for food and medicine can be and are carried out. If the people are too poor to obtain good and nutritious food, special tuberculosis committees attached to charity organization societies help to obtain it.

What are the agencies now at work to help the French soldier who may have contracted tuberculosis?

The Rockefeller Foundation has sent a tuberculosis commission to France composed of expert diagnosticians, sanitarians and trained nurses, under the leadership of Professor Livingston Farrand, formerly the Executive Secretary of the National Association for the Study and Prevention of Tuberculosis, as director; Dr. James Alexander Miller, chief of the tuberculosis service of Bellevue Hospital, New York City; Mr. Homer Folks, and Professor Selskar M. Gunn as associate directors, and Mr. Herman G. Place as secretary. In co-operation with the American Red Cross and the French authorities they will foster an educational campaign and establish tuberculosis dispensaries, preventoria, sanatoria, special hospitals and agricultural colonies. In the sanatoria and hospitals the unfortunate French soldiers who have contracted tuberculosis may be taken care of. In these institutions they will not only have an opportunity to recover but will learn by practical demonstration what to do and what not to do to prevent reinfecting themselves or infecting others, and the surest and best way to regain their health and strength and become fit to enter the ranks again. On returning home they will be useful citizens and will teach others by their example what to do so as not to contract and spread tuberculosis.

What may we hope for regarding the tuberculosis problem in all civilized countries after the successful issue of this war of democracy against autocracy?

Since tuberculosis is as much a social disease as it is a medical disease, the prospect of combating the social causes will be brighter when militarism and autocracy will have disappeared from civilized countries. The countries which are now the enemies of the Allies will also become democratized and there will be a united Europe as there is now a united America. Social justice for all will then be the maxim, and there can be devoted to the betterment of the social conditions of all peoples the countless millions of dollars that now are

spent for maintaining fighting armies, because one country would not consent to disarmament but wished to dominate the world by brute force and uphold the maxim that might makes right. Medical science will then once more be able to devote all its energy to the prevention of diseases. All other branches of science, now utilized in the practice of war will likewise be consecrated to the betterment and advancement of human happiness, comfort, health and enjoyment of life, and with these blessings attained the disease, which has justly been called the great white plague, one of the greatest enemies of mankind, will disappear. Thus in the end the sacrifices of life, property and treasures beyond price made by millions of brave men, women, and even children, will surely lead to a higher civilization, where lasting peace on earth and good-will toward all men will reign supreme.

Militia and Naval Medical Services and Ambulance

Among those who are now Companions of St. Michael and St. George are Col. Wallace Scott and Lieut.-Col. John Amyot, of Toronto.

Capt. J. M. Willoughby, M.B., '16, of 14 Biggar Avenue, has arrived back at his home in Toronto. He went overseas as lieutenant in the A.M.C. and served in Mesopotamia.

The Distinguished Service Order was conferred on the following medicals: Lieut.-Cols. Alfred Bazin, Percy Bell, James Davey, Charles Dickson, James Fraser, Thomas Leask, Thomas Murphy, Charles Peters, Clifford Reason, George Mothersill and Capt. Gordon McLarty.

Word recently reached Toronto that Capt. D. E. Staunton Wishart, son of Dr. Gibb Wishart, Toronto, was mentioned in dispatches by Gen. Allenby for gallant conduct and distinguished service. Capt. Wishart is still with the British forces in Palestine. He is 29 years of age. When war broke out he was finishing his medical course in Toronto, and enlisted early in the spring of 1915 along with twenty-three other members of his class. We take this opportunity of congratulating Dr. Gibb Wishart on the honor conferred upon his son.

The Profession in Canada were gratified to learn on New Year's Day that a number of Canadian medical men, now or recently on active service, had been honored by His Majesty. Among those to have conferred upon them the Knight Commander of the Bath were Dr. Andrew MacPhail and Col. Frederick Finley, both of Montreal. Dr. MacPhail is the Editor of *The Canadian Medical Association Journal,* while Dr. Finley is a well known surgeon in Montreal.

Mentioned also in Haig's dispatches, having just arrived on leave at his home in St. Thomas, is Capt. G. M. Dale, who joined the R.A.M.C. as lieutenant attached to a Rifle Brigade. Capt. Dale graduated from Victoria in 1912, and took his B.A. at the University of Toronto in 1915.

Capt. Gordon W. Armstrong, who has already won the D.S.O., was recently mentioned in some of Gen. Haig's dispatches. Since taking his medical degree in 1916, he has seen considerable service with the R.A.M.C., being attached to the North Staffordshire Regiment, first as lieutenant and then as captain. He was wounded at Messines on June 7th last, and again on September 29th, the D.S.O. being awarded him in November.

Col. George Acheson, officer in command of the casualty unit at Exhibition Camp, has been promoted to be president of the standing medical board at No. 2 Military District headquarters at College Street. Col. Acheson is one of the senior militia officers in this district. Before coming to the Toronto district headquarters staff he was commander of the 1st Infantry Brigade in the London district, and still holds that appointment.

Lieut.-Col. (Dr.) R. D. Rudolf has been honored by His Majesty, having had conferred on him the title of Commander of the Order of the British Empire. Doctor Rudolf was attached to No. 2 General Hospital at Salisbury Plains, being later transferred to No. 2 Base Hospital in France. He went overseas with the first contingent in 1914.

Two more University men were recently listed as having been mentioned in dispatches by the officer commanding the Saloniki forces. One of these is Capt. D. A. L. Graham, M.B., 1915, whose home is at Ivan, Ont. He was well known in Toronto as a member of the Medical Faculty and of the Staff of the General Hospital, before going overseas with No. 4 Canadian General Hospital.

The second man to be distinguished in this way is Capt. W. A. Clarke, Arts Graduate of Trinity, 1916, who took his Master of Arts degree and his M.B. from the University of Toronto in 1910. He enlisted and was attached to the Canadian Hospital

Unit early in the war, and is now serving in the C.A.M.C. in a hospital on the Balkan front, where he has been mentioned in dispatches twice previously.

Capt. Jas. A. Dickson, B.A., '13, University College, and M.B., '16, has returned to Toronto. His home is at 171 Roxborough Street West. He went overseas with the C.A.M.C. as lieutenant in June, 1916, and was sent to Mesopotamia. He fell ill and was invalided to Bombay, and did some medical work in India, and was then given his captaincy. He returned to England and was engaged there for some time in hospital work.

Personals

Capt. Eric Clarke, A.M.C., is home from the front on leave, and is with Dr. and Mrs. C. K. Clarke in Wellesley Street.

Capt. (Dr.) A. H. Caulfield, late of Bloor Street West, Toronto, has announced his engagement to May, elder daughter of Sir Evan Jones and widow of Maj. Harman, Rifle Brigade.

Capt. A. E. Sutton, Bethany, Ont., is visiting relatives at 84 Hogarth Avenue. He is an M.D. of the University of Toronto of 1907, going overseas with a draft for the R.A.M.C. two years ago. He was awarded the Military Cross for distinguished conduct while attending to the wounded under heavy shell fire at Beaumont Hamel.

Dr. D. E. Robertson, 112 College Street, recently back from active service, and who was married but a few weeks ago, unfortunately broke his leg a day or two after Christmas, sustaining a Pott's fracture, and is confined to bed at his home "on the hill." We extend our sympathy to the doctor and his wife and hope to see the genial Eddie around again within the next week or two.

Capt. R. K. George, son of Col. James George, 36 Maple Avenue, has returned to Canada from England on duty. He is a B.A. of University College of 1911, and when war broke out was a medical student. He went overseas as a lieutenant in the 3rd Battalion and was seriously wounded at Festubert on May 29, 1915. He was promoted to a captaincy and returned to Canada on leave. Completing his course in medicine he was awarded his M.D. in 1916. He returned to England in February and has since been stationed in the Taplow Military Hospital.

The rank and file of the profession were gratified that Dr. Charles Sheard, of Toronto, successfully contested South Toronto in the recent Dominion elections.

Dr. Sheard's work as Medical Health Officer for Toronto is known to all, and the prophecy that he would sooner or later find a place in the Legislature of Canada has been fulfilled. He is a scientist to the finger tips, but he is also a fearless and brilliant administrator and successfully conducted his department of civic government. He is an eloquent platform speaker and debater, and his provincial reputation will doubtless be amply sustained in the wider field of Dominion politics.

Obituary

Dr. S. B. Pollard, of Toronto, died on Friday morning, December 28th, in his 72nd year.

The death of Dr. Richard Jones, a former practising physician in Toronto, who moved to Cobourg in 1901, took place at his residence there in his 84th year, on December 21st.

Dr. Charles J. Kelly, of Hamilton, Ont., a well-known physician and X-ray specialist, succumbed on December 29th at Tucson, Arizona, to an illness of almost two years' duration.

Dr. Frank G. Switzer, one of the best known physicians of the Ottawa Valley, died at the Protestant General Hospital on December 22nd, of pleuro-pneumonia, after a few days' illness. He was 54 years of age. Dr. Switzer was a native of Switzerville, near Napanee, but in his childhood the family moved to Carleton Place.

Dr. Philip J. Mugan died at St. Joseph's Hospital, London, on December 7th, after an illness of two months. He was 45 years of age and was born at Bothwell. He commenced his practice in London in 1906, since which time he had taken a prominent place in educational circles. He was a member of the Knights of Columbus and other Catholic organizations.

The death occurred on January 4th, of Dr. W. D. Young, a well-known physician of East Toronto, from acute nephritis. The doctor had only been ill for a few days when he suddenly became worse. Dr. Young was born in Ottawa nearly 44 years ago, and had resided in Toronto since 1893, in which year he began his studies in Toronto University, graduating in arts in 1897 and in medicine in 1902. For several years after graduation he was in charge of the department of chemistry at the Technical School. He later gave this up to practise in Toronto, and for the past fourteen years had been practising in East Toronto. He was a member of the Beaches Masonic Lodge and also of the Oddfellows. In politics he was a Liberal.

BOOK REVIEW

Methodist Hymn and Tune Book. The Official Hymn Book of the Methodist Church. Toronto: Wm. Briggs, publisher, 1918.

Our reputation is at last established—we have been asked to review the new Methodist Hymn and Tune Book recently placed in the hands of the members of the church. We have nothing but the highest encomiums to utter on the splendid work. It is the result of years of hard and consistent labor on the part of men in a position to know just what is best as a Book of Praise, and they have succeeded. It is a credit to the church, and will, we trust, be the source of spiritual uplifting to hundreds of thousands of those who love the Master.

The Physician's Library

The Major. By Ralph Connor, author of "The Patrol of the Sun Dance Trail," "Corporal Cameron," "The Sky Pilot," "The Doctor," etc. Toronto: McClelland, Goodchild & Stewart. New York: George H. Doran Co.

Physicians who read "The Doctor" will not and need not hesitate to purchase Ralph Connor's latest book, "The Major." It is a worthy sequel to his other contributions to literature, and the author should find doctors to be his best buyers, not alone on account of the merit of the book, but because of his intimate family association with the profession.

All In It—"K (1)" Carries On. By Ian Hay. Toronto: William Briggs, 1917.

This is a splendid story and should be read by medical men, all of whom are so intensely interested in the progress of the war and have done and will continue to do their bit to ameliorate the sufferings of their fellow-men laid low by a foul and murderous enemy's bullet and shell. "All In It" is full of grim humor and will pass an hour or two most pleasantly. Get a copy before the edition is exhausted.

Up the Hill and Over. By Isabel Ecclestone Mackay, author of "The House of Windows," etc. McClelland, Goodchild & Stewart, Toronto.

This is one of the best stories we have read in some time. It is typically Canadian and depicts rural life in a most attractive manner. The author must possess the bump of humor, while at the same time there is sufficient of pathos throughout the story to make it interesting. Buy it. You cannot misspend the small amount involved.

The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XLIII. TORONTO, MARCH, 1918 No. 3

Editorials

THE DEATH KNELL OF CHIROPRAXY AND OSTEOPATHY

FOR a considerable length of time the medical profession throughout Ontario, and, for that matter, all over the Dominion, have been eagerly looking forward to the report of Hon. Mr. Justice Hodgins, K.C., who was appointed by the Ontario Government over two years ago to consider the whole question of medical education in this Province. When appointed, the profession felt that their interests could be left safely in the hands of the gentleman named and, as it now turns out, their confidence was not misplaced. The Commissioner has patiently listened to the cases of numerous committees, all of whom were received with due courtesy, and he has given a great deal of consideration and deliberation to what was a very difficult task. Though at the time of writing we were unable to secure an official copy of the report as laid before the Ontario Legislature on February 6th, we take it that what has appeared in the daily

press is correct. After perusing the report with some degree of care, we do not hesitate to say that the profession throughout the Province of Ontario have very little to grumble at, as they have on the whole been treated fairly, though there are some recommendations that might be considerably improved. We may take an opportunity later of referring to these when we have received an official copy. The recommendations made are placed under a number of headings, but for the present we will refer only to what, in our opinion, are the most important.

No one to be permitted after July 1 to practise medicine, as defined in the Province, without a license from the College of Physicians and Surgeons, excepting those practising osteopathy on June 30, 1913, holding a certificate from one of the five colleges recognized by the American Osteopathic Association, and having had five years practice in osteopathy, obtained a certificate from the Association that they are qualified to pass an examination for license in the State with the highest standard.

The immediate establishment of an institute of physical therapy on the premises of the Toronto General Hospital.

Selection of a staff from those having special training for the department for which they are intended, particularly those trained in war work.

Installation in the Department of Physics at the University of medical equipment in physical therapy to provide for the proper instruction of students.

A compulsory course for medical students in

physical therapy with a view to preparing qualified graduates.

Courses to be arranged by the Faculty of Medicine in the University, the Optometrical Association and the Toronto Technical School for the education of students in optometry, a student on passing this course to be entitled to a certificate and to style himself optometrist. Those practising before June 30, 1913, to be entitled to certificates by passing an examination to be arranged by a specially-appointed board.

Provincial registration of nurses to be established with local branches where nurses may be registered according to their qualifications.

Only those graduating from schools conducted by public hospitals or by a school designated by the Provincial Secretary, if outside the Province, are to be known as a trained or graduate nurse.

Home nursing associations are to be incorporated, and provision is to be made for the training of nurses to serve under practising physicians or a graduate nurse in caring for the sick in their homes and their families.

The establishment of further training centres and the training of nurses are to be dealt with immediately.

Mr. Justice Hodgins covers the field of healing and medical science exhaustively, and hands out a few jolts to the various healing " cults."

He also criticises certain medical men who refuse to admit the need for physical treatment. He is

emphatic in his recommendation of training for students in physical therapy.

He declines to approve of the osteopaths' request that they be given special recognition. This, he points out, would have the effect of emphasizing a division that is disappearing in the United States. If carried out the recommendation means that osteopaths will be barred from practising healing in Ontario unless they first conform to the standards enunciated by the medical college. This restriction would apply only to those who began to practise after June 30, 1913, as Sir James Whitney gave adequate warning at that time that the whole question of medical education was to be investigated. Under special arrangement those practising before that date will be permitted to continue.

Referring to chiropractors, the Commissioner says that he cannot accept as part of the recognized medical profession a system which denies the need of diagnosis, refers 95 per cent. of diseases to one and the same cause, and turns its back upon all modern medical and scientific methods as unworthy to be even discussed. Regarding the attitude toward new cults by the medical profession and their refusal to admit any virtue in them, he likens them to wilful doubters, who asked, "Can any good come out of Nazareth?" "They are not willing to look things in the face, for fear that they may see something," says the Commissioner. "At all events, their attitude is, and has been, that of knowing nothing and wanting to know nothing about these cults. I am glad to say

they do not, in my judgment, properly represent the more advanced and open-minded of their profession." "While the average practitioner has kept away from what was unauthorized," and has shut his eyes to the value of manipulative treatments, it is encouraging to know that some of the younger men are moving in the direction of giving physical therapy its due place.

In dealing with Christian science, the Commissioner points out that there can be no interference with the right of members of that sect to practise the tenets of their religion, but that since Christian science treatments had the effect of eliminating the regular practitioner, the interests of public health demanded that such persons should be held responsible for possible mistakes in the nature of the disease.

"They should, therefore," he said, "conform to the present or future health regulations, and when they act for gain they should be required to possess sufficient medical knowledge to recognize diseases pronounced by the health authorities to be communicable."

"Their rights," he continued, "should be carefully restricted to the *bona fide* exercise of the tenets of their religion, and they should possess no other right or immunity from that enjoyed by the clergyman or minister who is called in for the spiritual benefit of a member of his communion and whose ministrations often react beneficially on physical suffering."

The Commissioner recommends heavy penalties for the Christian science reader who attends a person suffering from communicable disease without first notifying the health authorities. He strongly advises no moderation in the statute respecting the treatment of children.

The report deals at length with the relations between the Royal College of Physicians and Surgeons and the universities. The Commissioner's conclusion, supported by a great deal of data, is that it would be inadvisable to do away with the present independent examination. He questions the advisability of a joint examination, but would leave it to the universities to say whether they will divide their degree-giving power.

In supporting the proposal for a provincial medical director he points out that as the medical profession has a virtual if inevitable monopoly there should be some provincial authority to whom the public might appeal against evils which such exclusive rights might give rise to.

" Besides the profession requires to be protected against itself," he says, " against sloth and inefficiency in the conduct of its preparations as well as its practice and against inability or unwillingness to receive or try out new ideas or new methods."

As it now stands, and taking it for granted, of course, that the report of the Commissioner will be adopted by the Legislature and become law, chiropractors and osteopaths who " graduated " subsequent to June 1, 1913, will cease to exist as such after July 1

of this year, unless, of course, they submit to the examination of the Royal College of Physicians and Surgeons, and this they will not likely do, as none possess the necessary knowledge to pass the simplest kind of test and few, if any, have the brains to undertake the course of study that will be necessary. It is expected that these "irregulars" will put up a big fight before the Legislature, but we question very much if they will succeed in materially changing the Commissioner's recommendations. It is fortunate that "at long last" such ignoramuses are no longer to be allowed to dupe the public by informing them that ninety-five per cent. of their ailments, whether it be flat-foot or squint, are due to "Spinal subluxation," a term the meaning of which they don't even know. It is also nothing short of a blessing that Christian scientists must, before they can dispel the mental "error" of their patients, possess a permit from the Provincial Board of Health, proving that they have the necessary knowledge to distinguish contagious disease and not as formerly be "carriers." They can in future only carry on their business as a religious rite and occupy the same position in the sickroom as the clergyman who comes as a spiritual adviser. We feel that the number of Christian science "practitioners," therefore, will soon become fewer, as a very limited number will care to take the course of study that is essential to enable them to diagnose scarlet fever from diphtheria. How could they, seeing that they will not admit the existence of disease in any form? The result of the Commis-

sioner's report is that the medical profession of Ontario is now coming into its own, and within four months no person, no matter under what name he comes in, can treat any physical ills unless he has given the human body and its frailties proper study. We congratulate the Commissioner on the result of his labors.

COMBINED MEETING OF THE CANADIAN MEDICAL AND THE ONTARIO MEDICAL ASSOCIATIONS

As most of the profession now know, the 1918 meeting of the Canadian Medical Association takes place in Hamilton, Ontario, as a result of an invitation received some time ago from the Ontario Medical Association that the two Associations meet together. The President-elect, Doctor McKenty, and the Executive of the Winnipeg Medical Society have finally decided that such a course would be wise, under existing circumstances. In addition to the two Associations named, it has been further decided that the Hamilton Medical Society, the Canadian Public Health Association, and the Canadian Association for the Prevention of Tuberculosis will also meet at the same place during the same week, the different programmes to be, as far as possible, combined. The profession in Hamilton have already issued a very cordial invitation to the profession generally that they will make a special effort to take a short holiday next June and make the 1918 meeting of the com-

bined Associations one of the most successful for many years past.

Excellent arrangements have been made for room space in the Royal Connaught Hotel, a hotel quite large enough to accommodate five hundred guests comfortably.

We append herewith an outline of the programme. It is hoped that Doctor McKenty will see his way to still act as President for 1918, notwithstanding the fact that the original arrangements that the Canadian Medical Association meeting in Winnipeg will not be fulfilled.

A tentative outline of programme is somewhat as follows: Monday, May 27th, 9 a.m., Ontario Health Officers Association; 2 p.m., Ontario Health Officers Association; Canadian Public Health Association; 8 p.m., Ontario Health Officers Association; Canadian Public Health Association. Tuesday, May 28th, 9 a.m., Ontario Health Officers Association; 2 p.m., Ontario Health Officers Association; Canadian Public Health Association; 8 p.m., Ontario Health Officers Association; Canadian Public Health Association; 8.30 p.m., Ontario Medical Association (Com. of General Purposes). Wednesday, May 29th, 9 a.m., Canadian Association for the Prevention of Tuberculosis; Ontario Health Officers Association; Canadian Public Health Association; 10.30 a.m., Ontario Medical Association (General Business Session); 2.15 p.m., Ontario Medical Association; 2.30 p.m., Canadian Association for the Prevention of Tuberculosis; 8 p.m., Ontario Medical Association; Canadian Public Health Association (General Session); Canadian Medical Association. Thursday, May 30th, 9 a.m., Ontario Medical Association (Sections); 2 p.m., Ontario Medical Association (General and Business Sessions); Canadian Medical Association; 8 p.m., Ontario Medical Association (General Session); Canadian Medical Association. Friday, May 31st, 9 a.m., Ontario Medical Association (Sections);—

2 p.m., Ontario Medical Association (General and Business Sessions); Canadian Medical Association: 8 p.m., Ontario Medical Association (General Session); Canadian Medical Association. Saturday, June 1st, 9 a.m., Hamilton Clinical Day.

The leading topics on May 27th and 28th will include Child Welfare, State Health Insurance, The Venereal Problem, Propaganda for Reform, Mental Hygiene, Rural Health, Administration. The subjects for the 29th of May will include Social and Public Health, Aspects of Tuberculosis, The President's Address, Symposium on Diagnosis and Treatment in Tuberculosis, and The Returned Soldier Problem. The General Sessions on May 30th and 31st are to include Addresses on Surgery, Medicine, Obstetrics, Pediatrics, Eye, Ear, Nose and Throat, and a Symposium on Intra-Cranial Pressure. There will also be Clinics in Medicine and Surgery.

The committee on arrangements are: President, J. P. Morton (ex officio); R. Y. Parry, Chairman; J. Heurner Mullin, Secretary; Representing the Canadian Medical Association, A. D. Blackader, J. W. Scane; Representing the Canadian Association for the Prevention of Tuberculosis, George D. Porter, J. H. Holbrook; Representing the Canadian Public Health Association, W. H. Hattie, J. G. Fitzgerald; Representing the Ontario Health Officers Association, H. W. Hill, J. W. S. McCullough, and other members of the local profession.

Canadian Journal of Medicine and Surgery

Editors

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Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

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DR. WILFRID GRENFELL, C.M.G., VISITS TORONTO

Dr. Wilfrid Grenfell, C.M.G., spent a few days in Toronto the last week of January and addressed several audiences. Among the addresses delivered was one before the University of Toronto on Sunday morning, January 27th, and an address before the Men's Canadian Club on Monday, January 28th. It is some time since Toronto was honored by the presence of so distinguished a visitor, and he was given a deservedly warm welcome. As our readers know, Doctor Grenfell is founder of the Grenfell Missions in Labrador, and of the Fishermen's Institute in St. John's, and is known throughout the world.

You may search the files of any fiction magazine, or the volumes of a Jules Verne, but you will never find a more romantic story of adventurous courage than the tale of the Labrador mission. And the tale of the Labrador mission is the story of Doctor Grenfell himself, for only the doctor's personality, with its winsome blending of humor, common sense, courage and vision has made the Labrador work possible. Though I never met Doctor Grenfell, I know something of his personality, for I met a young doctor some time ago who spent two years in the north on the missionary ship. The magic of the doctor's method had become so infused in this young doctor that his sole ambition was to be able to help the famous missionary attain the ends for which he has always fought.

Doctor Grenfell has been to France since the war broke out, but even before he went overseas he tasted something of the effects of war. His hospital ship, patrolling the bleak, ice-bound coasts of Newfoundland and Labrador, was several times threatened by submarines. In a recent letter he wrote:

"My first tribute must be to our boys who have gone to war, whose courage and devotion enable us to still hold the sea and travel in approximate safety, for even our calling as a hospital ship would afford us no protection. We are carrying now five very sick men to Doctor Pardon at the Indian hospital, yet a U-boat might stick her periscope up alongside and with her sheer insane inhumanity treat us as so many non-combatants have been treated already.

"One of the many war stories I heard as I passed through Yarmouth on my return from France still lingers in my mem-

ory. It is of a fisherman who had been shot through the thigh. A U-boat had come up near his fishing vessel and sunk it. After ordering the four men into the small boat, the German officer amused himself taking pot shots at the craft. As the men rowed helplessly away on the ocean they made a sporting target, rising and falling on the big swells, and one bullet had found a billet in my poor friend's thigh.

"Many of our former mail boats have been taken off for patrol purposes, and a day or two ago even our smoke on the horizon aroused suspicion. We were suddenly aware of a dark column rising on the land side, which came nearer and nearer until it proved to be a small gunboat giving chase.

"We slowed down and a fast whaling steamboat rushed past us, keeping her forward gun trained on us until she discovered our identity, possibly from the 'I.G.A.' on our funnel. Then she answered our salute with our own beloved flag, and wheeling around at full speed quickly disappeared over the horizon. We realized then how keen her watch must be."

Another phase of the doctor's work to be affected by the war is the St. John's Fishermen's Institute. Writing to a friend some time ago he said:

"It has affected the mission in various ways, this strain of the war. When it first broke out the losses in men were the most conspicuous, but now the secondary effects of it stand out. A reflex indication of the conditions prevailing is shown by the returns of the St. John's Institute. Without one cent of endowment, it was prophesied that this great and novel enterprise among the fishermen would prove a white elephant on our hands, and a heavy drain upon our treasury. But the support of the people was immediate, the games, rooms and swimming pool being the chief features in keeping the building almost self-supporting. As the war lingered on an increasing drop in returns from these departments gradually developed, showing that the men were no longer able to afford luxuries, but at the same time the cheaper rooms availed of and the cheaper meals purchased increased so largely and steadily as almost to offset the deficiency.

"This institute is the only institute which has been offered in St. John's or anywhere else along the coast for the saloons, which were recently wiped out in Newfoundland."

Militia and Naval Medical Services and Ambulance

COLONEL GOODWIN NOW ACTING-DIRECTOR-GENERAL OF THE ARMY MEDICAL SERVICES

Commenting on the appointment of Col. Goodwin to succeed Sir Alfred Keogh, with the rank of Acting Director-General of the Army Medical Services, *The Times* says: "The choice of Col. Goodwin as the new Acting-Director-General of the Army Medical Services is appropriate on more than professional grounds, for the entry of the United States into the war has brought to this country an increasingly large number of American medical men who, with great devotion, have offered their help at the first call made. It is fitting that a soldier who, as Assistant Director of Medical Services to the British Recruiting Mission to America under Mr. Balfour and later Lord Northcliffe, was foremost in voicing that call for help, and who from the beginning of his work in the United States endeared himself to the whole great and very critical medical profession, should become the new Director-General.

"Col. Goodwin was one of those who served through the heroic days of Mons, the Marne and Ypres, and has placed British medicine deeply in his debt by the manner in which he has fostered and strengthened the bond between our doctors in this country and the American doctors who are coming to work side by side with them. The fruits of his labors are manifest already, for a strong spirit of comradeship has sprung up. An American physician of high standard who has recently come to this country says of Col. Goodwin: 'He is a splendid man. We took to him from the first minute. He was so sound in the advice he gave us, so live, so thorough, and, over all, so tactful. It would be a joy to serve under him.'

" That impression was certainly no isolated one. When the degree of Master of Arts was conferred on Col. Goodwin by the University of Michigan on October 12 last, *The Journal of the American Medical Association* commented on him most favorably. Col. Goodwin, therefore, almost more than any living man, will be in a position to understand the respective points of view of the British and American Medical Services and encourage close co-operation between them, upon which so much depends. Moreover, with his own splendid record of service, the welfare of the fighting men will be safe in his hands."

Among the Canadians invested by his Majesty at Buckingham Palace with the honors recently awarded them was Col. William Hendry, D.S.O., whose promotion to full colonel arrived just in time to go in his Christmas stocking. The Distinguished Service Order is a recognition of his splendid work at Saloniki, as O.C. of the University Hospital, of which he is still commanding officer at its new home in England. According to letters received in Toronto they are now comfortably established at Basingstoke, with an equipment of 10,040 beds and the formal opening of the buildings took place a few weeks ago, King George officiating.

The hospital is situated in a beautiful part of rural England, about a mile and a half from the village of Basingstoke, and is a brick structure with covered, cement passages connecting the thirteen blocks of buildings. Most of these are lighted with electricity and heated in the approved Canadian fashion with steam from a central plant. Eight of the buildings are used for patients, two for administration, and one each for operating rooms, laundry and nurses. In addition to these there are in the central group a few other buildings, such as attendants' quarters, stores, engineering plant, etc., as well as seven outlying brick buildings used for nurses and personnel of the hospital. A number of the buildings are still unfinished, but when these are completed Basingstoke will be one of the largest hospitals over there, with a capacity of twenty-five hundred beds.

It is a rule of the hospital to select for the staff, as far as possible, university men. At the present time the various de-

partments have as their heads such well known Toronto doctors as Lieut.-Colonel Parsons, Chief of the Medical Staff; Lieut.-Colonel Malloch, Surgery; Major R. A. Armour, Psychiatry; Col. Gow, in charge of the dental work, and Major Duncan Graham, of the Laboratory.

The following military appointments have been gazetted: Assistant Directors of Medical Services: Temporary Major J. S. Jenkins, D.S.O., and to be temporary lieutenant-colonel whilst so employed; Lt.-Col. H. M. Jacques, D.S.O., and to be temporary colonel whilst so employed, vice Col. (now General) J. T. Fotheringham, C.M.G; Temporary Lt.-Cols. C. E. Doherty and H. M. Robertson relinquish their appointments. Deputy Assistant Directors of Medical Services: Maj. Andrew Macphail; Maj. W. J. Slack, vice Maj. J. J. Nicholas; Maj. T. A. Lomer, vice Temporary Col. H. M. Jacques, D.S.O. Lieutenant-Colonels to be Temporary Colonels: A. E. Snell, D.S.O., F.S.L., C.M.G.; H. M. Jacques, D.S.O.; G. E. Armstrong. To be Temporary Lieutenant-Colonel: T. B. Futcher. To be acting Lieutenant-Colonels: Temporary Majs. G. B. Boyce and D. A. Whitton.

Capt. Donald A. Warren, of Hamilton, has resigned his commission with the R.A.M.C. He went to France in November, 1915, with a casualty clearing station, going as Lieutenant and receiving his promotion overseas. While attached to the Royal Warwickshire Regiment, he won the Military Cross for "conspicuous gallantry and devotion to duty." He holds two degrees from the University of Toronto, having taken his M.A. in 1910, and graduating in Medicine in 1912.

The *London Gazette* gives the undermentioned promotions among Canadian units: Canadian Medicals—Captains H. B. Paul, R. F. Flegg, J. L. Cook, G. O. Taylor, R. M. Luton, J. McW. Taylor, A. H. Taylor, M.C., W. Brown, D. McLellan, J. W. Pilcher, N. C. Cooper, T. L. Butters, G. C. Hale, H. P. Wright, to temporary majors.

Capt. George C. Anglin, of the Royal Army Medical Corps, formerly of 12 Foxbar Road, Toronto, has been invested by the King at Buckingham Palace with a bar to his Military Cross. In May last Capt. Anglin was reported ill with pneumonia and pleurisy. Later he was awarded the Military Cross for conspicuous gallantry. He has been overseas for nearly three years, and before enlisting practised medicine in Toronto.

Capt. Harvey G. Young, of St. Mary's, Ont., who took his M.B. at the University of Toronto in 1916, has been awarded the Distinguished Service Order. He was for some time at the General Hospital. He enlisted with the Canadian Army Medical Corps and went over with the 49th Battalion.

Lt.-Col. (Dr.) Chester McGuffin, D.S.O., a graduate of London (Ont.) University, who enlisted at Calgary with No. 4 Field Ambulance, to the command of which he was promoted in France, and who was recently visiting London, has received the important appointment of Assistant Director of Medical Services for the Alberta District.

The news of the death of Lt.-Col. John McCrae, author of that fine and much-quoted poem "In Flanders' Fields," has been received with especially keen regret at Toronto University, which is proud to count him as an alumnus. The late Col. McCrae graduated as B.A. from University College in 1894, as M.B. in 1898, and as M.D. in 1910.

Capt. Charles Crompton, of Brantford, who was an M.B. of the 1915 class, is now the medical officer for the Central Ontario Regiment, quartered in his home city. He went overseas as a sergeant with the No. 4 General Hospital and was invalided to England from Saloniki through illness. He came home on leave in December of 1916. He later went to China on transport duty, and is now back again and occupying his new office.

For bravery and devotion to duty Maj. (Dr.) H. B. Jeffs, son of Dr. W. H. Jeffs, of 2761 Yonge Street, Toronto, was presented with the Military Cross privately by His Honor the Lieutenant-Governor of Ontario, Sir John Hendrie, at the Government House, on January 13th. During the early days of the war Maj. Jeffs went overseas with No. 10 Field Ambulance as a captain, was wounded in September last, and returned home in August. He is 25 years of age.

Capt. John Chassels and Capt. Geo. D. McTaggart have been appointed to the Army Medical Corps in Canada. Capt. Chassels graduated in medicine from the University of Toronto in 1915. He served at Gallipoli and in Mesopotamia as a doctor. He returned to Canada in September, 1916.

Among the additional New Year honors which graduates of the University of Toronto were awarded, but which did not appear in the Canadian papers, was a C.M.G. conferred on Lieut.-Col. T. C. Leask, C.A.M.C. Lieut.-Col. Leask was an M.B. of the University of Toronto, 1899.

Capt. William E. Sinclair, M.B., of 1914, has been awarded the Military Cross for his work at Passchendaele. His home is in Meaford, and he enlisted with the C.A.M.C., and is in charge of No. 5 Field Ambulance.

Dr. William Ewart Jones, an M.B. of the University of Toronto, 1916, is now captain with the C.A.M.C. at the Risbow Barracks at Shorncliffe, England. He was formerly of Kerrisdale, B.C.

News of the Month

THE CANADIAN MEDICAL PROTECTIVE ASSOCIATION

We recently received the Sixteenth Annual Report of this Association and wish to take the opportunity of congratulating Dr. R. W. Powell, of Ottawa, and also the other officers of the Association, on their work for the past twelve months. After glancing over the report, we would suggest to our readers that they send for a copy for their own perusal, as it is full of interest and merely goes to show how work when undertaken by the proper executive can be successfully conducted.

SUGAR AND GLYCERINE ELIMINATED FROM ENGLISH PHARMACOPEIA DURING WAR

A new war-time pharmacopeia came into force in England on December 1. This consists of some 120 medicinal preparations which now contain sugar or glycerine, but in future will be compounded without either. Glycerine is required for explosives and sugar must be saved.

Doctors will prescribe the new preparations under the old name, merely adding the letters "W. E. F." (War Emergency Formulary).

The substitutes to be most commonly employed in place of sugar are glucose and "artificial syrup," which contains chloroform as a sweetening and preserving agent.

In some cases, as, for instance, cod liver oil emulsion, the sugar is left out altogether without any substitute. Another popular drug, compound liquorice powder, which is now one-half its weight of sugar, will contain none, but will be brought to its former strength by means of rice starch.

Chancellor Douglas will give his half million dollars to Queen's University in four instalments of $125,000 each, and as Queen's raises similar amounts. G. Y. Chown, registrar, is giving $50,000 to start the fund. The Chancellor gives $50,000 of half million towards the erection of a women's residence. The women have already $30,000 subscribed towards the building. This clears the way for the college authorities to bend all their energies to raising an endowment fund.

At a specially convened meeting of the Council of the College of Physicians and Surgeons of British Columbia, the name of Dr. Rupert E. McKibbon, of Victoria, was reported to be erased from the British Columbia medical register. He was convicted in the local police court last October of a charge of wrongfully issuing a prescription for liquor and was fined $100.

Dr. Emmeline Smillie, a graduate of the 1912 class, University of Toronto, has received the appointment of matron on H.M.S. *Loyalty,* which is plying from Bombay. Before taking the University course she had graduated from the Toronto General Hospital. On receiving her medical degree, Miss Smillie went to Indore, India, and at the outbreak of war joined the A.M.C. She is a sister of Dr. Jennie Smillie, of Dovercourt Road, Toronto, and was formerly a resident of Hensall.

Doctor Downham, former assistant to Doctor Hill, Medical Officer of Health, London, Ont., has been appointed Inspector of Public Health.

Obituary

Dr. George Villeneuve, of Montreal, Medical Superintendent of St. Jean de Dieu Asylum, a noted alienist, died on January 21st.

Dr. George Baptie, late coroner for Ottawa, and an ex-alderman of the City Council, died on January 5th. The late Doctor Baptie had been in ill health for several months. He was 73 years of age and a native of Durham, Ont.

Dr. W. H. Hamilton, of Fort William, died on February 3rd, in Florida. He was an M.D., C.M., of 1894, University of Toronto, and also of Trinity. He had practised in Fort William for a number of years.

The Physician's Library

Traumatic Surgery. By John J. Moorhead, B.S., M.D., F.A.C.S., Adjunct Professor of Surgery, New York Post-graduate Medical School. Philadelphia: W. B. Saunders Co., 1917. Canadian Agents: The J. F. Hartz Co., Ltd., Toronto.

This work is an attempt to put into one volume all the surgery that may be classified as traumatic. Based as it is on the personal experience of a writer who has seen great quantities of this type of surgery in the emergency wards of a hospital in the midst of a large city, it has many chapters which are filled with excellent teaching, but being the product of the experience of a single surgeon it naturally contains chapters which do not come up to the same standard as others. Thus, the chapters on infections of the hand, the treatment of wounds, the treatment of fractures and dislocations are excellent, whereas the chapter on joints is weak. In this chapter eleven pages are devoted to a complete description of Murphy's arthroplasty of the knee, an operation of very doubtful value, while only two pages are devoted to internal derangements. In the consideration of fractures, too little space is allotted to the operative treatment, which in recent years has become of great importance. The subject of delayed and nonunion is dismissed very curtly. The chapter on wounds of the abdomen is good but it is unfortunate that the writer has not had the experience to be had in a casualty clearing station, where great improvements in the statistics have resulted in the past two years. A similar remark may also be made of wounds of the chest and joints. Since the publication of the book also the Carrel-Dakin treatment of wounds has come into prominence and may possibly replace the older forms of treatment. Similarly the treatment advocated by Wright calls for attention.

While the book is well written and beautifully illustrated, the general criticism must be offered that it attempts to cover too much ground. No surgeon would ever use it as a reference book, and as a book for students it is useless, except in those chapters in which the experience of the writer makes it authoritative.

A Manual of Anatomy. By Henry E. Radasch, M.Sc., M.D., Assistant Professor of Histology and Embryology in the Jefferson Medical College, Philadelphia. Octavo of 489 pages with 329 illustrations. Philadelphia and London: W. B. Saunders Company, 1917. Cloth, $3.50 net. Canadian Agents: The J. F. Hartz Co., Ltd., Toronto, Ont.

Originally this book contained only Visceral Anatomy for first year medical students, but chapters have been added on Syndesmology, Myology—in fact on all brands of the subject. The external anatomy is continued from one segment to another, uninterruptedly, and the histology in the same manner. The printing is superbly done on calendered paper, and the illustrations are excellent. The volume is designed for medical students, medical preparatory students and nurses. We would suggest that the general practitioner might also well find a place for it on his reference shelf.

Collected Papers of the Mayo Clinic, Rochester, Minn., 1916.

The 1916 volume of the Papers from the Mayo Clinic are again published in book form. As in the previous volumes, the individual papers are of the highest possible quality, indicating, as they do, a wealth of experience, deep research and indefatigable effort to produce a finished article. Many of the papers will take an authoritative position in medical literature. But why should the profession be asked to buy these papers in book form? Each paper has appeared in the current medical literature and can be found in any medical library. From the standpoint of the profession is any good purpose served by keeping these papers in one volume? The reverse would ap-

pear to be true, as there is no sequence whatever between the articles, and they cover a range from "Adenoma of the Palate" to "The Cholesterol Content of the Blood of Goats." It would seem wiser for the practitioner who can afford to spend a certain sum each year on medical literature to spend it by subscribing to one or two of the best medical journals which will contain such papers as those of the Mayo Clinic and to fill his library with standard text-books and monographs on special subjects.

Oral Roentgenology—A Roentgen Study of the Anatomy and Pathology of the Oral Cavity. By KURT H. THOMA, D.M.D., Lecturer on Oral Pathology and Histology and Member of Research Department, Harvard University Dental School; Oral Surgeon, Robert Bert Bingham Hospital, etc., with three hundred and eleven illustrations by Ritter & Co., Boston, Mass., 1917.

This work is especially well illustrated, indeed the illustrations are so well done and explained so lucidly that the attentive reader could understand the author with little other reading matter. The author emphasizes the fact that a proper interpretation of the Roentgenograph requires a special knowledge of the anatomy, histology and pathology of the parts examined as well as a knowledge of the various methods of diagnosis. The introduction is a study of Roentgen nomenclature, Interpretation of Roentgenograms, Extra Oral Roentgen and Intra Oral Roentgen methods.

Part I deals with Roentgenographic study of the normal oral tissues.

Part II with a Roentgenographic study of pathological oral condition.

Part III considers the use of Roentgenograms as an aid in treatment and to record the process of healing.

Part IV concludes the work with a Roentgenographic examination of the tissues in somatic diseases. The book, without doubt, is one that should be studied by those interested in a study of the Roentgenographic interpretation of the oral tissues.

The Medical Clinics of North America, September, 1917. Published by W. B. Saunders Company, Philadelphia and London.

This number consists of reports from the clinics of the City of Brotherly Love. Our own "Tom" McCrae is the first man at the bat and gives a cracking fine talk on Aortitis. McCrae is an A1 teacher; and if any of the Canuck practitioners want to thaw out a little this winter and learn how to eat plum pie, let them go to Philadelphia, visit the Jefferson Medical College Hospital and there they will receive the glad hand. Meantime let them subscribe for these medical clinics, which are all good.

A Handbook of Anatomy. By Jas. K. Young, M.D., F.A.C.S. 5th edition. Philadelphia: F. A. Davis Company.

This handbook is in its fifth edition, and there has been an enlargement and revision. The nomenclature used is the Basle. The arrangement of the book is good in so far as the presentation of the subject matter goes. The headings and the subheadings are well arranged.

An anatomy of this type for the student or practitioner has practically nothing new to present in subject matter. One would therefore expect a well-put-together book. This one is not. The print is too small for study, and the illustrations are extremely poor. The paper too is of an inferior quality.

An Introduction to the History of Medicine, with Medical Chronology, Suggestions for Study and Bibliography data. By Fielding H. Garrison, A.B., M.D., Principal Assistant Librarian, Surgeon-General's Office, Washington, D.C., Second edition, revised and enlarged. Cloth, $6.50 net; half morocco, $8 net. Philadelphia and London: W. B. Saunders Company. Canadian Agents: The J. F. Hartz Co., Ltd., Toronto. 1917.

It is with very considerable pleasure that we, but a short time ago, reviewed the first edition of Dr. Fielding Garrison's "History of Medicine." The reception given this volume must

have been very gratifying to the author, who now presents the profession with a second edition, revised and enlarged. The author gives his readers in concise form a résumé of medicine, from Egyptian Medicine, Oriental and Greek Medicine, down to medicine of the 17th, 18th, 19th and 20th centuries. The volume is a most valuable contribution to science and it would be difficult to think that any library, private or otherwise, could be complete without it. It is profusely illustrated with portraits of such fathers of medicine as Thomas Sydenham (1624-1689), Richard Wiseman (1622-1676), Carl von Linné (Linnaeus (1707-78), Stephen Hales (1677-1761), William Hewson (1739-1774), William Cruikshank (1745-1800), William Hunter (1718-83), Giovanni Morgagni (1682-1771), John Fothergill (1712-80), Edward Jenner (1749-1823), Sir Thomas Watson (1792-1882), Oliver Wendell Holmes (1809-94), Henry Pickering Bowditch (1840-1911), Louis Pasteur (1822-95), and the renowned Lord Lister (1827-1912).

Lord Lister. By Sir Rickman John Godlee, Bt., K.C.V.O., M.S., F.R.C.S. Macmillan & Co., Ltd., St. Martin's Street, London, England, 1917.

There is perhaps no man living to-day better fitted to write a biography of the late Lord Lister than our good friend, Sir Rickman Godlee, whom the Toronto profession had the pleasure of entertaining when in Canada a few short years ago. Sir Rickman was a nephew of Lister and was in very close personal contact with him for many years, so that the life of "The Father of Antiseptic Surgery" now given to the profession and the world can be accepted as "official," and in every way correct. The author commences with a description of the childhood days of his uncle (1827-1844), following him to University College, London and University College Hospital (1844-1853), afterwards describing his introduction to the great Surgeon Syme, through whom he owes his appointment as House Surgeon at the Royal Infirmary, Edinburgh (1853). Chapter four is largely devoted to Lister's earliest investigation, "The Early Stages of Inflammation," and further on in

the volume we find a full account of his research work on "Coagulation of the Blood." In chapter eleven the author describes the methods of wound treatment in the middle of the 19th century, and in the following chapter "Fermentation and Putrefaction." "The Antiseptic System" is dealt with at length in chapters thirteen and fourteen, particularly the misconceptions regarding it and the cold reception it was at first given by the surgeons of that day. "The spray, gauze dressings and drainage" are described in detail and an account of how Lister's teaching was originally received at home. His early days in London, his addresses, his life in London, his retirement from King's College Hospital and the closing scenes of his career are gone into fully, making the whole volume one of the most interesting we have had the pleasure of reading for many years.

International Clinics—A quarterly of illustrated clinical lectures and especially prepared original articles on treatment, medicine, surgery, neurology, pediatrics, obstetrics, gynecology, orthopedics, pathology, dermatology, ophthalmology, otology, rhinology, laryngology, hygiene, and other topics of interest to students and practitioners by leading members of the medical profession throughout the world. Edited by H. R. M. Landis, M.D., Philadelphia. Vol. IV; 27th series. Philadelphia and London: The J. B. Lippincott Company.

Volume IV of this series of International Clinics is devoted largely to "Clinics," though there are one or two chapters devoted to medicine and surgery. Professor Albee, of the Orthopedic Department in the New York Post-Graduate, opens the book with a very interesting clinic in military bone surgery, and Professor Bevan, of Rush Medical College, contributes twenty pages to some interesting surgical subjects, which are most instructive. Those interested particularly in war surgery will read with interest two lectures from the pen of Dr. Chas. G. Cumiston on "Injuries to the Cranium and Brain in Warfare."

Fractures of the Lower Extremity or Base of the Radius. By Lewis Stephen Pilcher, A.M., M.D., LL.D. Philadelphia and Montreal: J. B. Lippincott Company.

This little monograph with its 132 illustrations has been written by Dr. Pilcher as a result of his personal observations on fractures of the lower extremity of the radius. In his book one may find about every conceivable sort of fracture that might occur to this particular bone. He has studied very carefully and gone into the greatest detail the mechanics of the production of the fracture. This would, of course, lend itself to endless elaboration, and is of practically no interest to the patient nor the treatment of his fracture.

In regard to treatment the cases he cites are mostly of the closed reduction. He makes use of a variety of splints and describes them. In the cases he resorted to the open method he does not describe sufficiently fully nor does he state how he maintained opposition when he had got it.

There is one statement in the book that is well worth observing and this is it—fracture without great displacement is often overlooked and being regarded as a simple sprain is permitted to heal without effort to prevent deformity. In every case of injury to the wrist—with ecchymosis—local swelling and impairment of function the presence of fracture is to be inferred, even though one fails to elicit any of the signs of it that have been mentioned.

To my mind a book on fractures should insist on three points—X-ray before and after, replacement of fragments end to end, and the retaining of them there. These are absolutely essential and often impossible by any closed method.

Mulford's Latest Bulletin.

The H. K. Mulford Co. of Philadelphia, recently published a Bulletin on the Diagnosis and Treatment of Cerebro-spinal Fever. It is well worthy of perusal, the brochure embracing information secured from hospitals, both military and naval, and various Boards of Health. It gives quite comprehensively the symptoms, diagnosis, treatment, carriers and cultures, which will be found of immense benefit to medical practitioners, especially those devoting their time to the care of army and navy camps, where spinal meningitis crops up from time to time.

The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XLIII. TORONTO, APRIL, 1918 No. 4

Editorials

THE TREATMENT OF MORPHINISM

THE majority of drug addicts are morphinists, victims of the needle, in the use of which they become very expert.

In the most notorious institution for the so-called cure of addicts—endorsed (we regret to admit) by one of the leading medical lights of Boston and one in New York—the main points in the treatment are: Belladonna pushed to the toxic stage—dilated pupils, dry throat and hallucinations; tremendous dose of purgatives, pushed to the extent of producing mucous stools; strong and fearful psychic control; the levy of a big fee and a parting benediction prohibiting the poor devil of a patient never to return. Recently hydrotherapy and massage have been added to the treatment. The withdrawal of the drug is done within ten days or two weeks, as a rule, in decreasing doses.

Belladonna and its congeners are useful, but ought not to be administered too heavily; the eliminative treatment is indicated, but should not be pushed to the "mucous stool" stage. Baths, massage and electric therapy are also useful, not only for their physical but also for the psychic effect. The withdrawal should be slow and should cover from two to ten or more weeks, depending on the severity of the case. The length of the period between doses should be as great as possible, so that as much time as possible may be allowed for excretion, following the end of the inhibition of glandular secretion. Patients must be treated firmly but kindly and with the psychological aspect of the case kept in mind.

The rehabilitation of the patient is very important. He should not have to return to his old haunts and associates. This is often difficult of accomplishment; but some day, probably, with the extension of social service work, some provision will be made whereby these unfortunates will be restored to usefulness.

The general practitioner will have to exercise great patience, ingenuity and tact to handle drug addicts, even after a practical knowledge of the treatment necessary.

We are just at the beginning of the study of this problem.

"THE FINAL"

EVERY medical practitioner recalls the heavy work of the fourth year. He remembers the toil, but also the pleasure of work.

Fourth year students should remember that they are just at the commencement of a lifetime of study, and should not become cloyed with the ingestion of fourth year lectures and reading. There should not supervene at this epoch a revulsion toward study, because the students have just entered a domain wherein the further they travel the more they will find requiring study and investigation.

ANTISEPTICS

OUR knowledge of the action of the various antiseptics is increasing by leaps and bounds since the beginning of the great war. With the thousands of septic cases the ingenuity of our army surgeons has been put to the test. The most notable " finds " have been the Carrel-Dakin solution and its congeners, and Bipp, discovered by Morrison. Bipp consists of one part of bismuth subnitrate, two parts of iodoform, with sufficient liquid paraffine to make a paste, and is said to be particularly good in suppurating wounds. Eusol (Edinburgh University solution) may be made by adding 35 ounces of water to 188 grains

each of boric acid and chloride of lime. Any general practitioner who wishes may quite easily try out each of these remedies for himself. In place of the somewhat expensive Carrel tubes, one may take a good-sized test tube open at both ends and packed with gauze, through which the solution flows at a very slow rate. A rubber cap with four fine flexible tubes depending from it is placed over the lower end of the test tube. The solution is held in a graduated glass container, from which it is conveyed to the gauze-filled tube, and thence, by means of the four small tubes, it is distributed throughout the wound.

Canadian Journal of Medicine and Surgery

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Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

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Original Contributions

CANCER OF THE LARGE BOWEL

BY GEORGE E. ARMSTRONG, M.D., F.A.C.S., MONTREAL, CANADA.

The recognition of the ravages of malignant disease by our profession and by the laity, is manifested by the interest and energy directed in all countries towards a solution of the many problems associated with its origin and dissemination. During the past quarter of a century, no disease has been studied by greater minds, and the research workers in no other disease have received greater encouragement and financial aid from governments and scientific associations. We have learned much concerning its growth and development, but its etiology is still a hidden mystery.

Two facts have slowly emerged, however. First, the importance of mild, continued irritation as an etiological factor; and, second, the loss of immunity. The Imperial Cancer Research have noted the increased frequency of incidence with age. Examples of irritation need only be mentioned; the cancer of the groin in chimney sweeps; of the cheek in betel nut chewers; the Kangri sores in Cashmere; the œsophageal cancer from the irritation of hot rice in the men of China, and its absence in the women of China who eat after the men when the rice has cooled; of sharp teeth, to cancer of the tongue; of calculi, to cancer of bile-passages and kidneys; and of benign neoplasms, to cancer of the breast. Chronic irritation after immunity is lost, is disastrous.

When we turn to cancer of the intestine, we find that the disease is found in the large bowel in 95 per cent. of the cases.

The large bowel has a valve at each end, and the content is of a higher specific gravity than the content of the small intestine, and therefore better adapted to cause irritation. In addition there are four rather constantly fixed points at which the passing content might be delayed. We find, further, that cancer of the lower bowel shows a predilection for those areas in which delay of stasis commonly obtains.

Scientific interest in the function of the large bowel may be said to date from the discovery of the ileocæcal valve by Caspar Bauhin in 1579. John Hunter, at the time of his death, was engaged in a study of a collection of ileocæcal valves taken from a variety of animals. Metchnikoff contributed a valuable study of the bacterial flora of the colon and attributed to their action many of the ills of man. Anatomists, bacteriologists, physiologists, and physiological and pathological chemists have added their quota to the general run of information, and Roentgen's discovery has rendered possible more accurate observation and study of the stomach and the whole of the intestinal tract.

Whether malignant disease is more common in our day than in the past, is a debatable question. There are reasons for thinking that it is. In the Royal Victoria Hospital, Montreal, a larger number of cases of malignant disease are admitted each year. During the year ending June, 1916, there were admitted as many cases of cancer of the intestine as during the three previous years. The average age of the patients has remained about the same during a period of twenty-two years. I understand that other hospitals have a similar experience to record.

Why does carcinoma develop more frequently in the large than in the small bowel? The anatomical curves of the large bowel, the normal delay of content, the multitude of bacteria, favor stasis and stasis favors irritation. In two comparatively recent cases of cancer of the duodenum observed in the Royal Victoria Hospital the growths were annular and in the region of the papilla of Vater. They involved the papilla, caused obstruction of the bile-duct and cystic dilation of the same.

Two instances of cancer of the jejunum were in neither characteristic.

Embryologically the colon is a more recent structure than the small intestine. The most primitive parts of the digestive tube of vertebrates, omitting mouth and anus, are the pharynx and the small intestine. The pharynx undergoes great changes in the vertebrate series, but the small intestine maintains in principle its uniform character throughout. The lamprey, representing the most primitive craneate vertebrates, has no differentiated stomach and no colon. In the intestine there is a longitudinal valve with a slight spiral twist. The intestine with the spiral valve in the primitive cartilaginous fishes is the small intestine. The large intestine is very short and has a small dorsal rectal cæcum. The spiral intestinal valve, in its quality of increasing the epithelial surface, is replaced in higher forms by ridges and villi.

In some bony fishes, which have no spiral valve, the boundary between small intestine and large is marked by an ileorectal valve corresponding to the ileocolic or ileocæcal valve of higher forms. In these fishes the large intestine, devoid of differentiation between colon and rectum, is very short (e.g., the angler fish).

In the frog the large intestine is sharply marked off from the small intestine by a constriction, but has no differentiation into colon and rectum.

The small intestine is older than the stomach and the stomach is older than the colon. The œsophagus is intermediate between pharynx and the stomach in position and age.

In the embryonic development of mammals and man the small intestine forms its loops before the large intestine begins to lengthen appreciably.

It must be borne in mind that comparatively recent organs are often more highly differentiated than more ancient organs. The stomach of ruminants and the œsophagus of birds are more highly organized than the same parts in man. Professor Willy has pointed out that the small intestine is not more highly differentiated than the colon in consequence of its greater antiquity but has conserved its primitive and fundamental

properties throughout. It is therefore not a greatly specialized organ but it is a *persistent organ* retaining many primitive features, including considerable plasticity and power of regeneration. This may throw light on its relative immunity from carcinoma. The colon, on the other hand, is of more recent formation and possibly less resistant to chemical bacteriological and mechanical irritation. The alimentary canal of man is molded in response to an omniverous diet. By changing and regulating the diet, parts of the canal, notably the stomach and colon, can be dispensed with. Lynch, Draper, and Lyons think that the stomach and cæcum have but two important functions; those of storage and motility. It does not seem clear that embryology can throw much light on the causation of cancer of the large bowel or at any rate do more than suggest that perhaps by virtue of its age and differentiation it may possess less resisting power to change than the older and more persistent small bowel.

The causative influence of irritation of the large gut by masses of more or less dry and hardened fæces cannot be dissociated from that of enterostasis. We are now familiar with the mechanical, or as it has been called, the "drag, hand, and kink" theory of Sir W. Arbuthnot Lane who, by the way, was the first to draw attention to vocational changes in the skeleton, taking the old miner as an illustration. His views have been stimulating and suggestive. The idea that enterostasis is the result of defective or altered innervation rather than to mechanical causes, is very ably presented by Professor Keith. He first indicates that at three points in the large intestine there is normally a delay. (1) Near the commencement of the transverse colon, leading to the filling of the cæcum and ascending colon; (2) at the rectocolic junction, leading to accumulation in the pelvic colon; (3) above the anal canal, leading to accumulation in the rectum. It is to be noted that these points of normal delay correspond with the more frequent sites at which malignant disease is found to occur. A systematic study of the mesenteric plexus has convinced Professor Keith that "it is not a simple structure composed merely of nerve-cells and nerve-fibres, but one of a composite texture. There are ganglion cells in the plexus and there is an ample

network of particularly fine fibres. But there is also an abundant third element in the plexus—the branching intermediate cells which have been already mentioned, and which appear to be continuous with processes of certain groups of muscle-cells on the one hand, and with the branched processes of ganglionic cells contained in the nerve-fibres of the plexus." This he calls nodal tissue. It is found about the ileocolic junction in the distal part of the transverse colon, in the descending and ileac colons and in the rectum. That situated at the ileocolic junction is regarded as the pacemaker of the rhythmic concentrations of the colon in the same sense as the sino-auricular node is the pacemaker of the heart. Defective innervation means defective muscular action, and abnormal, excessive, or inefficient peristalsis. I mention excessive because many clinicians have found increased tonus amounting in some cases to a spastic condition of the intestinal musculature in colic constipation. Again, ileal and colonic stasis is frequently accompanied with ptosis of stomach, small and large intestines. Now light is thrown on this association of enterostasis and ptosis by Sherrington's discovery "that stimulation of the splanchnic nerves threw the abdominal musculature into tonic contraction." Geddes, Keith, and others have shown that the normal support of the abdominal viscera are the pelvic and abdominal muscles and Keith believes that these muscles were called into action when the erect posture is assumed, by reflexes arising in the abdominal viscera, and that the folds of peritoneum or ligaments only act when the normal muscular support becomes insufficient. Starling and Bayliss teach that there are two circulations in the intestines each under nervous control, one sending the blood along to the portal vein, and one acting on the intestinal content.

Does it not seem highly probable that the two theories regarding the pathogenesis of intestinal stasis, the nervous theory of Keith and the mechanical theory of Sir Arbuthnot Lane, are intimately related; indeed, that the mechanical condition so obvious in fully developed cases, may be a sequel to an earlier failure of the normal nervomuscular support. The erect posture of man makes a heavy call on the pelvic and abdominal muscles to support the stomach and intestines and it is equally

evident that to do their appointed task they, in turn, must receive a nerve supply approaching the normal in quantity and quality. Whether we accept Shaler's idea that the upright position, more than any other has fixed the short limits of man's life, as correct, or not, we may subscribe to the thought that the erect position of man under present conditions of life, favors in many people the appearance of misplacement of parts of the colon that are commonly found associated with malignant disease of the large gut.

The importance of stasis has long been recognized and the predilection of cancerous growths for places in which accumulations and stagnation of fæces readily occur, or, in which the movement of fæces is made difficult by their consistence and the automatical construction of the gut, seems to be established. Obviously these conditions obtain in the large gut, especially in the neighborhood of the cæcum, hepatic and splenic flexures, the sigmoid and rectum, to a greater extent than in the small gut. The idea is clearly expressed by Ortel in the following words: "It cannot be claimed that stasis is a direct cause of cancer. Its action is more probably an indirect one favoring ulcerative and other inflammatory lesions by which the structural and cellular balance of the gut is upset. Of these changes, ulcerations appear of greatest importance. It has been recognized for some time that cancers develop much more frequently in locations in which ulcerations (especially of the chronic indolent variety) are apt to be seated than elsewhere. Thus in the lower parts of the bowel, notably the rectum in women, the opportunity for stagnation, ulcerations and cancer formations, are notoriously greatest. The seat of ulcers in the rectum is, most frequently, behind and under one of the large folds of mucous membrane. There an ulcer remains indolent, often small and undetected during life unless it becomes actively infected." In one such case occuring in an elderly gentleman, a large and obscure pelvic abscess formed, and later on the base of the ulcer broke through completely. During the past year, the Royal Victoria Hospital has had two such fatal perirectal abscesses in elderly people, and it seems probable that some rectal carcinomata take

origin in the base or sides of such chronic indolent ulcers. Our pathologist, Professor Oertel, has studied these cases with very great care, and the knowledge gained throws additional light on the relation of malignant disease of the rectum and large bowel to these chronic superficial ulcerative lesions.

What holds true in regard to these inflammatory irritations in the rectum holds true for the rest of the intestine, including the small gut; thus cancers of the duodenum occur in the majority of instances in the region of the papilla of Vater, the irritation resulting from inflammation of bile ducts, pancreatic ducts or gall-stones.

Interesting further is the fact that the character of the intestinal flora of the large gut has apparently a bearing on the production of ulcers. Thus Singer[1] found that feeding rats with their own faeces produced gastric ulcers in them. The intimate relationship of certain specific ulcerations to growths is demonstrated by the investigations of Fibiger,[2] who observed in the stomach of rats in the presence of nematodes (filaria) a carcinomatous transformation of ulcers; and Herzog[3] has described the development of cancer of the base of a tuberculous ulcer. Oertel points out that such observations emphasize the importance of definite, but not well understood, qualitative characters in ulcerative processes eventually terminating in cancer, although care must be exercised in differentiating early ulcerations in tumors from tumors originating on the bases of ulcers. Undoubtedly many mistakes result from improper critique of histological pictures. But eliminating many doubtful cases there still remain a sufficient number in which it is reasonably certain that the cancer actually followed the path of ulceration. Admitting this, however, there is yet the question why all such ulcerations are not followed by cancer, for, after all, cancer is much less frequent than the various types of ulcerations which may be concerned in its etiology.

Some light has lately been thrown on this question by the finding of developmental anomalies in the gut. These consist of small, often microscopic, isolated, misplaced, occasionally

[1] XVII Internat. Cong. Med., Lond., 1913, Sec. III, part II.
[2] Berl. klin. Wchnschr., 1913, p. 7.
[3] Ziegler's Beitr. z. path. Anat. u. z. allg. Path., Jena, 1913, p. 55.

undeveloped, atypical, glanular formations in the intestinal wall. These peculiar glanular structures were originally regarded and described as early tumors. Many of the so-called primary cancers of the appendix reported by various writers are of this type. Continued investigation has shown that these formations are not progressive, infiltrating, or even growing structures, but stationary, misplaced, quiescent, often under developed glands. They are not, therefore, true tumors but teratomata, and called by some for this reason "blastomatoid." They have lately become practically very important, for they have often been misleading in surgical diagnosis.

The inference may perhaps be drawn that these teratoid or blastomatoid "foci" remain quiescent until certain specific, qualitatively distinct, stimuli for which they possess an affinity reach them and stimulate growth and transform them from latent into actual tumors.

This can only be offered at present as an hypothesis, but it rests, at least, on some facts and helps us to understand why similar irritative conditions may be followed in one case by a tumor and not in another.

Whether this is the only method by which cancer develops in the bowels is, of course, doubtful. There are likely others, and they may be found in various other pathological changes such as specific cell degeneration with inflammatory isolations of glandular parts, irritated by "formative stimuli," but about these it is useless at present to speculate further until we possess a greater number of facts for intelligent discussion.

Recognition of the influence of the nervous system as an etiological factor in enterostasis and the relation of the latter to malignant disease of the large bowel, are suggestive. The materialism of the latter part of the past century and of the present, has forced a speeding up which, together with the great changes that have taken place during the same period in our habits of living and in our diet, may well give rise to serious thought in the minds of our profession. If we are to do our whole duty we should not devote the whole of our energies to the routine work of healing the sick but indicate to the world a life guided by higher ideals.

more rational methods of living and working, and also a more sensible and healthy way of playing.

In the treatment of cancer of the large bowel, early diagnosis is the first essential. There, as elsewhere, carelessness rather than ignorance are responsible for the non-recognition of the disease in its early and more remediable stage.

The progress of cancer of the large bowel is usually slow. The prognosis after early removal is particularly good.

I will not discuss at this time the details of the surgical treatment, but I would just like to say that sound judgment is particularly necessary. The desire to do an ideal operation should be subordinated to the general condition of the patient. Those suffering from chronic incomplete obstruction are bad surgical risks. They appear to be in better condition than they really are. They are all toxic. Whether the toxin is of bacterial or food decomposition origin or, as indicated by Draper, to "aberrant activity of the duodenal and probably pancreatic cells" may be definitely determined in the future. In the meantime our clinical experience teaches us that drainage of the proximal distended gut is followed by an improved general condition and a hazardous surgical risk becomes a fair or good surgical risk.

Society Proceedings

A CANADIAN MEDICAL WEEK AT HAMILTON

Arrangements for the big Canadian Medical Week have progressed favorably, and the Committee is now in a position to make some arrangements regarding the programme.

A personal conference in Ottawa with Surgeon-General Fotheringham, of the Militia Department, and representatives of the other agencies interested in the returned soldier problem, resulted in bringing the plans for the symposium on this subject for Wednesday evening to a very satisfactory status.

Prof. Barker, of Baltimore, will give the Address in Medicine; Dr. Chas. Mayo, Rochester, in Surgery; Dr. Isaac Jones, Philadelphia, on the Ear. Regarding the work in the sections, the general principle will govern in all that there will be a very few papers, but it is the expectation of the Committee that each paper presented will promote a very elaborate discussion, so that, in a sense, each will represent a symposium. The writers of the papers are asked to present a synopsis, which will be ready and in the hands of the Committee before March 25th, which will be available for those wishing to prepare anything for discussion.

In the Sections of Medicine, amongst others, the following have agreed to take part: Leonard Rowntree, of Minneapolis; Allan Brown and Smith, of Toronto; Beatrice Hinkle, of New York; W. Gordon Lyle, of New York; J. Chandler Walker, of Boston, and Thomas McCrae, of Philadelphia. On Eye, Ear, Nose and Throat: Cassey Wood, of Chicago; Walter Parker, of Detroit; John Wheeler, of New York; Joseph Beck, of Chicago, and H. Halsted, of Syracuse. In Surgery, McGuire, of Buffalo; Hymman, of St. Louis; Guthrie, of Sayre, Pa., and Henderson, of Rochester, Minn.

The following is the Provisional Programme of the Canadian Public Health Association and the Ontario Health Officers' Association:—

Presidential Address, Canadian Public Health Association: "A Plea and a Plan"—W. H. Hattie, Halifax, N.S.
Presidential Address, Ontario Health Officers' Association—H. W. Hill, London, Ont.
"The Public Health Nurse"—J. A. Baudouin, Lachine, Que.
Paper (title not received)—M. M. Seymour, Regina, Sask.
"Good Public Health Service in Small Towns and Rural Municipalities"—J. J. Harper, Alliston.
"Hints on Rural Health Administration"—J. W. S. McCullough, Toronto.
"The Control of an Outbreak of Diphtheria"—W. C. Allison, Toronto.
"The Trail of the Medical Vampire"—Frederick Paul.
"Health Insurance"—Charles J. Hastings, Toronto.
"The Venereal Disease Problem"—Gordon Bates, Toronto.
"Why is it Worth While to Establish Sewerage in a Small Town?"—F. A. Dallyn, Toronto.
"Interpretation of Water Analysis"—H. M. Lancaster, Toronto.
"Mental Hygiene"—Clarence M. Hincks, Toronto.
Symposium on Child Welfare.
Chairman's Address—Allan Brown, Toronto.
"Child Welfare in War Time"—Isaac Abt, Chicago.
"Progress in Child Welfare Work in Europe"—Grace L. Meigs, Washington, D.C.
"The Results of Three Years' Work in the Department of Child Hygiene, Toronto"—Geo. Smith, Toronto.
"The Medical Student in His Relation to Infant and Child Welfare Work"—Richard Bolt, Cleveland, Ohio.
"The Management of a Child Welfare Week in Small Cities and Towns, With Results"—Mary Power, Toronto.
Round Table Discussion and Subscription Luncheon—Allan Brown, Chairman.

It is proposed to have, in addition to the regular programme in sections and general sessions, an innovation in the nature of

a Round Table Discussion on a matter of vital importance to the profession as a whole. Such will be arranged for late in the day when the regular programme is finished. Accommodation for this will be limited and all seats reserved.

Plans are also under way for the presentation of a most interesting collection of scientific exhibits. There will be a pathological exhibit, which will include a very fine collection of museum specimens from the McGill University Museum, which will be in the personal charge of Dr. Maude E. Abbott, of McGill, and also an exhibit from the Babies' Hospital, of New York City, of a number of specimens illustrating pneumonias in children. It is hoped also, to obtain similar exhibits of equal interest from the museums of Queen's, Toronto, and of the Western. There will be a series of daily demonstrations of clinical laboratory procedures, including those of special interest to the general practitioner, such as the Wassermann reaction, the colloidal gold functional kidney test, dark field for spirocheta and the preparation of serums and vaccines for therapeutic use.

In the X-ray exhibit, plates are requested to be sent in by men interested in this work. There will be a daily informal demonstration, and a lantern will be available for all those wishing to use it.

There will be shown daily from 4 to 6 p.m., moving pictures on medical and surgical subjects including subjects of interest to the general practitioner.

Definite information regarding many of these items will be available and published in the form of a bulletin or distribution on each day of the meeting.

The American Medical Association have offered the use of their charts, illustration and literature, relating to the propoganda for reform, as carried on by that Association.

The local committee also wish to announce that it is their wish to carry out the programme and all entertainments with greatest respect for war conditions. While there will be no formal reception or entertainments, this Ambitious City will go the limit of their capacity in their efforts to make the visiting members welcome, comfortable and satisfied.

Militia and Naval Medical Services and Ambulance

JACK McCRAE'S IMMORTAL POEM

BY DR. QUILL.

In Flanders fields the poppies blow
Between the crosses, row on row,
That mark our place, and in the sky
The larks, still bravely singing, fly,
Scarce heard amidst the guns below.

We are the dead. Short days ago
We lived, felt dawn, saw sunset glow,
Loved and were loved, and now we lie
In Flanders fields.

Take up our quarrel with the foe,
To you from falling hands we throw
The torch—be yours to hold it high;
If ye break faith with us who die,
We shall not sleep though poppies grow
In Flanders fields.

This is another bit of immortality created amid the clamor of war. Its history may be in as few words as the lines quoted. Dr. John McCrae, a successful young physician of Montreal, gave up his practice to accompany his regiment to the front. He soon distinguished himself and received the rank of lieutenant-colonel. One day in the lull of battle he penned the above lines which at once caught the spirit of the allies. But just as it went forth upon the wings of the press, the news passed that

its author had fallen. In the discharge of duty he contracted pneumonia, and thus had written his own epitaph.

The poem is beautifully transparent. The author's life is not only its best interpretation, but is seen through every phase. "Flanders fields," half way around the earth; fields of priceless sacrifice, is a confession that there was no regret in his own sacrifices. "We are the dead" is the verdict of a physician upon the quality of manhood he had ministered to in their last agonies, himself sharing their dangers. The same words now cry from the ground of that new grave, where "row on row" he and the heroes will rest for all time. Among "the crosses" one will mark his place, with name and rank. Many a flower would gladly bloom at such a spot, but the shrine where his poetic soul lingers is where the "poppies blow."

He has a word, also, for the homeland. "Short days ago" reveal how memory takes time to travel back from the bloody shell-holes, where, with lance and bandage, he gave first-aid to peaceful Canada, the land of his kindred and profession. He saw in his poetic vision, the early "dawns" and gorgeous "sunsets" of Montreal, when, as a physician, he responded to mercy's calls at all hours. "Lived," he exclaims. And it was life, worth while, to have such confidence as was placed in his professional and manly skill.

But his heart stole back behind better things than fame and wealth. "Loved and were loved" are words of tenderest meaning. He was thinking of the college days in Toronto and the boyhood pleasures of Guelph. "Loved!" Yes, Jack McCrae was a boy full of love. He had a pride in his studies, but not as a bookworm. They were means to ends. It was life he loved. Then he had his mates in class and campus. Two are required for friendship's sake, and this lad did his full part in loving a bunch of good, interesting schoolfellows. And it was well paid back. He played rugby for 'Varsity; sang in the glee club, and loved every minute of his under-graduate course. But the nearest of all his mates was his brother Tom, the bigger and elder brother, who was also his senior in arts and medical studies. He has even become more distinguished in the medical profession. Necessarily, their lives have drifted apart, but not their affec-

tions. "Loved and were loved" had a very real proof in the case of big brother Tom.

The strongest currents, however, flowed back to Guelph, one of the beauty spots of Canada. How natural to be visited by the muses in such a spot! Thus, our friend's soul was touched. He had also a delicate cast of figure. There was something very fine and silken about the texture of that Guelph boy. No wonder the things of his town were ideal to him. Its classic schools, and stately churches; the shady avenues; best of all the home on Paisley street! Here again were "dawns and sunsets."

One must walk gently over such sacred ground. War's long arm has done its worst. But Jack McCrae's first and last hero and heroine are there. It has always been a soldiers' home. Col. David McCrae as a military man and father was the boy's ideal chum. When Jack and Tom first went from home, this good father placed them in the care of Knox College, where they would be in closest touch with men of the church. The colonel's visits were shared in by many students, and it was seen how he kept up the chummy-touch with the boys. That was a quarter of a century ago, yet youth animated the old soldier's heart, and in this war he trained a battery and took them over to the line. These are a few sidelights which suggest what the poet-soldier had in view as he looked back upon "short days ago."

Now all this has been sacrificed. He thought how his soldier-mates were doing it without regret. How much more, we venture to guess, the poet was able to pay the price! He said, however, "take up our quarrel." He knew that though his hand would let "the torch" fall in death, others would take it up. But not all. He knew the meanness of the human heart and shuddered at the sacrilege if it were to become a wasted smudge.

"If ye break faith with us who die,
We shall not sleep though poppies grow
In Flanders fields."

The patriot-poet became a threatening bard. He declared that he would come back over the sea to Canada; back to the

gardens and the glamor of ease; but not in his accustomed guise as healer. He will scourge the faithless.

"Take up our quarrel with the foe."

Thus Jack McCrae with all the winsomeness of his manner, all the love of his heart, was essentially a soldier. He had a "quarrel" with a tyrant host and that was first of all in his mind. To those who were putting it behind them, this young Canadian poet became a scourging bard.—*Toronto Star.*

The number of Canadian soldiers who have been blinded in the war up to the present time is fortunately small, about thirty-four altogether. The greatest interest has been shown by the general public in the welfare of these men, and, moreover, application has been made to the Government by several institutions for the blind for permission to care for and train blinded soldiers in this country instead of in England. The training given at St. Dunstan's Hostel in London, however, is so satisfactory and has proved so beneficial from every point of view that it has not been thought advisable to establish in Canada a training centre for soldiers who have become blind, and the men themselves have expressed their complete satisfaction with the present arrangement.

The question as to whether medical students should be called upon to join the combative forces has been settled by the following arrangement. First year students are liable for service if physically fit. With this exception, all students of medicine are exempted from combative service and are placed in a reserve corps to be called upon in case of military necessity. They will complete their medical training and, upon graduation, if physically fit, will be given a commission in the Canadian Army Medical Corps. A similar arrangement has been made in regard to students of dentistry and veterinary science.—*C. M. A. J.*

Another University of Toronto man to win the Military Cross is Capt. H. C. Davis, a native of Schomberg, Ont. He entered the Medical School with class '10 after matriculating from Jarvis C. I., but reverted a year, and took his M.B. in 1911. Prominent in athletics, Capt. Davis held the intercollegiate record for the high jump, won his "T" as a freshman, and was on the University lacrosse team in his third year. A member of the Alpha Kappa Kappa fraternity, he was known around college as "a good student and a better fellow." Capt. Davis has been serving overseas with the Royal Army Medical Corps.

The following appointments have been made by the British Columbia Government: Dr. D. B. Lazier, of Prince George, and Dr. G. B. Thompson, of Fernie, to be coroners; Dr. R. G. Stevenson, of Quatsino, to be medical health officer for Quatsino Sound district and medical inspector of schools at Quatsino and Port Alice. To be medical health officers: Invermere districts, Dr. P. Turner; Grand Forks, Dr. W. Truax; Phoenix district, Dr. D. L. Smith; Bella Bella district, Dr. G. E. Darby; Parksville district, Dr. H. E. Langlis; Lytton, Hope, Yale and surrounding districts, Dr. H. R. T. Fort.

Capt. Walter W. Wright, who has been serving on the staff of the Military Hospital at Bramshott, England, is now in France with a field ambulance. He graduated in medicine at the University in 1904 and practised in Toronto, being also connected with the Toronto General and the Hospital for Sick Children, prior to going overseas.

Capt. (Dr.) F. J. Fox, a B.A., University of Toronto, 1902, and an M.B., 1908, left some time ago for overseas, and identified himself with the R.A.M.C. His home is in Lucan, but he has been for years identified with one of the cancer hospitals in New York.

Dr. Bruce Robertson returned from overseas the last week of February, and has resumed practice in Toronto, his office being at 143 College Street.

Word has just been received that Capt. (Dr.) H. C. Davis, C.A.M.C., has been decorated with the Military Cross. Dr. Davis is a graduate of Toronto University, and prior to his being offered a commission in the medical corps, he was practising in Vancouver. Dr. Davis has a brother on the medical staff in England, and his mother and sisters are at present in Toronto.

Col. H. S. Birkett, C.B., M.D., has been elected Vice-President of the Otological Section of the Royal Society of Medicine. This additional honor was conferred upon him prior to his leaving the overseas service which he has conducted with so much credit to himself and the Canadian Army Medical Service.

Lt.-Col. A. J. Mackenzie, M.B., LL.B., who was formerly officer commanding the Canadian Red Cross Hospital at Ramsgate, has now been placed in charge of the medical department of the Granville Canadian Specialist Hospital at Buxton, Eng.

Major Geo. S. Strathy, of Toronto, has been confined to bed in No. 20 General Hospital, France, suffering from trench fever. He is now convalescing in London, but does not expect to return to his old battalion.

Lt.-Col. James Warburton, C.A.M.C., has been appointed to the command of the Military Convalescent Hospital which has been established at Government House, Summerside, P.E.I.

Maj. Hart, C.A.M.C., of Winnipeg, has been appointed commanding officer of the Sanatorium which has been established by the Canadian Medical Service at Maidstone, in Kent, England.

Dr. J. W. Brien, of Essex, Ont., has been appointed to the British Canadian Recruiting Depot at Detroit, Mich.

Col. Perry Goldsmith, C.A.M.C., of Toronto, has been appointed commandant of the new Officers' Convalescent Hospital at Matlock, in Derbyshire, England.

Dr. Roscoe Graham, who left for overseas in February, will be with No. 4 Canadian General Hospital at Basingstoke, Eng.

Personals

Dr. Geraldine Oakley, of Toronto, has been appointed supervisor of medical inspection in the public schools of Calgary in succession to Dr. Leacock, who intends to devote herself to pathological work.

Dr. M. D. Morrison, of Dominion, N.S., has been appointed chief medical officer of the Nova Scotia Workmen's Compensation Board, the appointment to date from the first of this month. Dr. Morrison has been colliery doctor at Dominion since 1897.

Dr. W. E. Gallie, 143 College St., Toronto, was granted leave to go overseas by the Board of Governors of the University of Toronto, on March 1st. He left for England early last month.

The King invested the following at Buckingham Palace on February 6th: Companion of the Bath, Col. Frederick Finley, C.M.G., Col. Kenneth Cameron, Lt.-Col. John Amyot.

Dr. Howard Spohn has established an office at 284 St. Clair Avenue West, Toronto, and will confine his practice to diseases of children.

At a meeting of the London City Council on February 18th, Dr. W. S. Downham was appointed Medical Sanitary Inspector at a salary of $2,000.

Dr. A. Knox, of St. Mary's, Ont., has been elected president of the Perth County Medical Association.

Dr. Edith Gordon, of Toronto, has been appointed assistant medical advisor of women students in Cornell University.

Dr. Wood has been appointed surgeon to the Lindsay jail in succession to the late Dr. Jeffers.

Obituary

A noted figure in the United States' medical world has gone over the Great Divide. Dr. Crothers, of a medical college in Boston, was much interested in the training of medical students. He was best known, perhaps, through his propagation of temperance principles. Dr. Crothers conducted a sanitarium (Walnut Lodge) for inebriates and drug addicts. He published much on narcotism. Dr. Crothers, too, took a lively interest in medical literature and was one of the editors of the *Medical Times.*

Dr. Frederick S. Snider, Sheriff of the County of Norfolk for the past ten years, died at his home at Simcoe, Ont., on February 10th. He was born in Windham Township, graduated in medicine at McGill University, and practised in Simcoe, Teeterville and Waterford. For four years he was a member of the County Council, and in 1898 was warden.

Dr. L. G. McKibbon, 196 Spadina Avenue, Toronto, died at his home on March 4th, as a result of hemiplegia. Dr. McKibbon was born in Teeswater, but has been practising in Toronto for the past twenty years. He was fifty-two years old.

We would like to take the opportunity of expressing to Dr. J. Milton Cotton, of Toronto, the sincere sympathy of the profession on his sore bereavement. Mrs. Cotton passed away suddenly on March 5th.

Dr. J. S. Booth, of Montreal, after running for a street car, slipped on the icy road, fell under the front wheels of the car and was killed.

The Physician's Library

Impotence and Sterility with Aberrations of the Sexual Function and Sex Gland Implantation. By G. Frank Lydston, M.D., D.C.L., formerly Professor of the Surgical Diseases of the Genito-Urinary Organs and Syphilology in the Medical Department of the State University of Illinois. The Riverton Press, Chicago, 1917.

There is only a certain number of medical authors who have the necessary knowledge and who at the same time possess the proper kind of judgment and discretion to write a book on what is of necessity a delicate subject. That Dr. G. Frank Lydston possesses these faculties the Profession will admit, and for that reason his new volume will be welcomed. In this book the author presents his hormone theory of aberrations of sex development and also devotes considerable space to the subject of sex gland implantation. The volume has undoubted forensic value, and we bespeak for it a kindly reception.

Pluri-Glandular Insufficiency. Its Frequency and Therapeutic Significance.

A booklet under this name was recently mailed by Messrs. Reed and Carnrick of Jersey City, N.J., to every physician. The subject of the internal secretions has but recently dawned upon the medical world, and it is during the past year or two only that scientists are recognizing the tremendous influence that the domain of the ductless glands will have over the future treatment of disease. This booklet throws a great deal of light upon the whole subject, and any physician who does not get a copy should write for it, when it will be promptly mailed them without charge.

The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XLIII. TORONTO, MAY, 1918 No. 5

Editorials

EXAMINATION OF FOOD HANDLERS

FEW of the general public who eat in restaurants or hotels ever think of the dangers to which they are unconsciously exposed from the employees who handle the food.

During the progress of a recent survey made in New York City, ten cases of acute tuberculosis were excluded, nineteen cases of syphilis, and six of gonorrhea. There were found fifteen cases of arrested and suspected tuberculosis, and thirty-two suspected cases of syphilis. A number of cases of pediculosis and scabies were also singled out and treated. Cardio-vascular diseases, anemia, asthma, pharyngitis and bronchitis were common among bakers—anemia almost universal. The cardio-vascular disturbances are due largely to the constant exposure to heat and sudden change to cold, plus the usé of alcohol in some form. The anemia is attributable to the same conditions and also to lack of sunlight and ventilation.

Institution kitchens too often are found too small, in basements with insufficient light and improperly ventilated. Architects and engineers of to-day can surely overcome these defects. Kitchens can be built above the level of the ground with large windows, with fans and ducts with which to supply fresh, pure air of the proper temperature.

All cities and towns should follow the good example set in Gotham, and provide an examination of all food handlers, following which appropriate treatment should be administered to curable cases, and those who are a menace to the public should be made to take other jobs where their diseases will not handicap them nor prove a danger to others.

NARCOTISM AND THE WAR

UNDER the above caption, in the *North American Review* for December, Jeannette Marks sounds a warning note. The epidemic of narcotism which is so widely spread on this continent, and to overcome which the Harrison law was enacted, had its origin in the Civil War. So there is great danger of a terrific spread of morphinism and allied narcotism as a result of the present terrific struggle. The amount of morphine now being administered to the weary sufferers is tremendous, and thousands to whom it has afforded relief will continue its use, notwithstanding the fact that the lesion causing their physical agony, necessitating the opiate, is healed.

Besides, there are the thousands who have acquired the habit with the idea of quieting conscience—of lulling the fierce, evil memories of wrongdoing and unfaithfulness, or of the dreadful pictures of torture seen in the modern battle.

One of the great problems to be considered in connection with reconstruction will be the fight against this demon of narcotism.

Even as with the problems of drink and venereal disease, steps should be taken now looking toward a prevention or mitigation of this giant evil.

"Education is not enough," says the writer; "the final hope for the control of such a problem must lie in the strong arm of the law: rigid supervision of the sale of narcotics."

HAY FEVER

THE authorities tell us that the three elements which enter into the causation of hay fever are: constitutional defect, a pathological nasal condition, and some external irritant. The symptoms are a manifestation of hypersensibility of the tissues to the albumen of certain pollens—an anaphylactic phenomenon. Just how emanations from dogs, or cats, or horses act is a query. Hypersusceptible animals may be desensitized by the use of minute doses of the protein to which they are susceptible; so hay fever patients may react to pollens to which they are hypersusceptible by the subcutaneous injection of

extracts from these pollens. By repeated injection of proper pollen extracts before the season a certain percentage of patients may be immunized—some eighty per cent. in the hands of some specialists. MacKenzie, of Philadelphia, has been injecting a filtrate of the patient's nasal secretions, with a positive result in ninety per cent. of his cases. If a pollen is present in the secretion it will be found in the filtrate.

Rhinorrhea, due to polypus, must not be mistaken for hay fever.

The subject of hay fever is replete with interest and affords scope for much experiment, observation and reflection.

Canadian Journal of Medicine and Surgery

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Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

Reprints supplied at Net Cost

Original Contributions

PERNICIOUS ANAEMIA, WITH SPECIAL REFERENCE TO ITS SURGICAL MANAGEMENT*

By Nelson Mortimer Percy, M.D., F.A.C.S., Chicago.

Pernicious anæmia is a disease of unknown etiology in which the blood volume, as well as the blood elements, is progressively and certainly reduced until the blood becomes inadequate to carry on its vital functions of gaseous interchange, transportation of foods, and waste products, etc., when death ensues. Death may result earlier from fatty degeneration of the heart muscles or from changes and functional disorders of the nervous system. The majority of cases terminate fatally within three years, while others may take a rapid, vicious course, and live only a few months. Three cases have been reported covering a period of fifteen years with long periods of remissions and relapses. Richard Cabot (1) states "that of 1200 closely observed and competently diagnosed cases, only 3 have ever been free from symptoms for six years." These he considered cured. Thus the mortality of the disease may be noted as 99¾ per cent.

Even at this time there are difficulties in establishing a rational plan of classification of anæmias, because of our very meagre knowledge of the hæmatopoietic organs. Pernicious anæmia is an artificial and arbitrary term meaning the final degree of viciousness in anæmias. Vogel (2) has pointed out that the old classification of primary and secondary anæmias should be abandoned, for, logically considered, there can be no such thing as a primary anæmia, since the blood itself is not

an organ, but is the product of the various hæmatopoietic organs, and in a way, may be considered as a secretion and not as an organ. Vogel suggests that a reasonable classification would be to divide the anæmias into two broad classes; one of which embraces those types in which the most conspicuous feature is a reduction in the production of blood elements, while in the other group the principle feature is their abnormal destruction.

The fact that in pernicious anæmia there is usually found a hyperplasia of the bone-marrow and in the blood many embryonal red cells, would indicate that the blood-producing organs are producing red cells at an increased rate. This increased production does not compensate for the destruction that is going on; therefore there must be a hyperactivity in some way, of the blood-destroying organs. The various blast cells present in the blood represent the reserve currency of the bone-marrow and indicate that the demand for erythrocytes is so imperative that the marrow, being robbed of its finished cells, throws off the parent form, the erythroblasts. The degree of embarrassment of the marrow is probably indicated by the type of blast found in the circulating blood: the more primitive the nucleated cell, the greater the embarrassment of the marrow. In some late severe cases, no nucleated cells may be seen whatever, indicating that the marrow, the constructive agent, has become exhausted and conquered by the destructive agent, whatever that may be.

From this it would seem that pernicious anæmia should be classed as a hæmolytic anæmia; that is, among those in whom there is a marked increase in blood destruction making a pathologically increased demand upon the blood-producing organs. But as Vogel (2) has suggested there must be in pernicious anæmia more than a mere hæmolytic icterus there are evidences of an increased hæmolysis, yet the anæmia seldom assumes a grave character. He believes that in pernicious anæmia "the myeloid tissue also is deeply implicated by the hæmolytic factor and finally becomes bankrupt under the double strain of supplying the abnormal demands on its hæmatopoietic function and in resisting the direct onslaught of the myelotoxic substance."

While the factor regulating the production and destruction of blood-cells, thus maintaining a normal balance is unknown, most observers agree that the spleen is the organ primarily responsible for the destruction of the worn-out red cells. While there is very little definitely known concerning the function of the spleen still it is evident that it does not have an important internal secretion for its removal does not deprive the body of any important constituent and does not subsequently jeopardize the life or comfort of the individual. There are numerous reports in which in case of injury to the spleen, a splenectomy has been necessary, and after the lapse of many years, the patient has apparently suffered no ill effects therefrom. It is possible that after removal of the spleen, its function is taken up by other organs, especially the lymphatic and hæmolymph glands. It has been noted by some observers that the thymus enlarges after splenectomy. Boyer (3) thinks that the spleen and thymus are capable of functionally compensating for each other. Pearce and Austin (4), in studying the lymph-nodes and liver in dogs after splenectomy, found a great increase in the endothelial cells of the lymphatic glands, which proved to have a phagocytic power on red blood-cells after the injection of a hæmolytic serum. The stellate cells in the capillaries of the liver were also found to have the same property. From this it was suggested that the lymphatic glands, and possibly the liver, compensate to some extent the loss of the spleen.

Koplee (5) suggests that the presence and action of the various compensating organs mentioned may explain not only the fact that the spleen can be removed without interfering with the well-being of the individual, but also the gradual return of a patient suffering from pernicious anæmia, who has been splenectomized with a marked improvement immediately following the operative procedure to a final hopeless condition.

It is a clinical fact that in the majority of patients suffering from infectious diseases, the spleen is enlarged, often to the extent of being palpable. The significance of this enlargement is unknown, but it has been suggested that the spleen, with the other lymphatic structures, acts as a barrier, thus protecting the body against micro-organisms and their products. It has also been suggested that after splenectomy,

patients are more susceptible to the current infectious diseases. It is doubtful whether or not this be true. It has frequently been observed that the resistance against infectious diseases, once they are contracted, is not evidently affected by splenectomy. One of the author's patients, who had been splenectomized seven years previously, contracted pneumonia. The disease terminated favorably in the usual manner. Another patient whose spleen had been removed six months previously, contracted typhoid fever, running a typical course of the disease, making fully as rapid a recovery as the ordinary case.

Notwithstanding the fact that an immense amount of research work has been done concerning the physiology and function of the spleen, especially by Pearce and his co-workers (6), one is impressed with the confusion that still exists. Very little has been attained that would aid us in determining the course of treatment in diseases apparently due to abnormal functioning of the spleen. We still must depend mainly upon clinical observations to guide us in the procedures to be followed in these cases.

Pernicious anæmia is quite a recent acquisition to the field of surgery. In 1913 three investigators, Eppinger (7), De Costello (8), and Klemperer (9), working independently, applied the operation of splenectomy as a means of treating pernicious anæmia. Krumbhaar (10) called attention to the interesting fact that each of these investigators had a different reason for introducing this procedure: Eppinger, because he had made the observation that after splenectomy there was a diminished output of urobilin and other evidences of decreased hæmolysis. De Costello, on the other hand, had noted the splendid results that had followed splenectomy in other diseases associated with hyperhæmolysis. Klemperer was influenced by the clinical observation that occasionally in such conditions as ruptured spleen, splenectomy was eventually followed by a polycythemia. In view of the fact that the medical management has been followed by such unfavorable ultimate results, it is not surprising that the procedure has been undertaken in a great many cases. Just what the infective agent or toxin of pernicious anæmia may be is still a matter of much speculation. Moffit (11) believes that this agent may act differently

at different times, or that there may be several hæmolytic poisons and that there may be splenic, hæmolymphatic or marrow hæmolysis.

It is possible, however, that instead of there being several hæmolytic poisons to account for the various clinical pictures of pernicious anæmia, there may be a common toxin or agent at work which may, like the spirochæta, have a predilection for certain tissues in different individuals, attacking the nervous system early in some running a rapid course, while in others it attacks other organs, assuming an entirely different clinical picture.

An anæmia of the pernicious type may be produced by chemical substances and by toxins from certain parasites in the intestinal tract. From this, and the fact that gastro-intestinal disturbance is so common in the disease, suggestions have been made that certain cases may be due to toxins formed in, or which reach the circulation through, the intestinal canal. The theory of chemical poisoning is supported by King's (12) work, who, after a series of experiments on dogs and from the study of three cases of pernicious anæmia in man which came to operation, concludes as follows: "In pernicious anæmia, hæmolytic jaundice, and cirrhosis of the liver, the hyperactive spleen unfavorably influences the anæmia through its regulation of the highly hæmolytic, unsaturated fatty acids in the blood. Its removal, therefore, appears to be indicated. Splenectomy of itself, besides influencing the production of hæmolytic, unsaturated fatty acids, raises the percentage of antihæmolytic substances in the blood, that is, the total fats and cholesterins."

The hæmolytic nature of the disease is demonstrated by the increased amounts of urobilin and urobilinogen excreted, Eppinger early in his work assumed, and there seems to be clinical and experimental evidence to show, that the hyperhæmolysis is due to a hypersplenism. Numerous investigators are doing experimental work after the method of Schneider (13) to determine the quantity of hæmolytic substances, by obtaining them from the duodenum immediately after their exit from the liver.

The fact that the removal of the spleen brings about a

marked reduction in the blood destroyed, would indicate that the increased blood destruction occurring in pernicious anæmia is in some way associated with an abnormal functioning of the spleen. Robertson (14), in studying the blood destruction in pernicious anæmia before and after splenectomy, found that the greatly increased hæmolysis present before operation showed a constant and marked decrease afterward, reaching normal in all but two or three cases.

When the etiology and pathogenesis of pernicious anæmia is still a perplexing problem, it seems evident that besides a condition of increased hæmolysis, there is some toxic action on the bone-marrow. From our study of these cases we have been impressed with the value of the observations of Hunter (15) with respect to the toxic, or even infectious nature of the disease. The question is, what is the source and nature of this infection? Early in our work, in studying two cases of pernicious anæmia, we noted that the symptoms of a chronic cholecystitis were a prominent feature and had existed for a long time previous to the anæmic symptoms. The existence of an infected gall-bladder was demonstrated later in both cases when the gall-bladder was drained. Since then every case has been studied for the existence of a chronic infection, and in practically every one infective foci were demonstrable. Just what effect this chronic low-grade infection may have upon the hæmatopoietic organs, is still a question. The spleens removed have shown evidence of a chronic splenitis and usually perisplenitis, indicating that a toxic or infective process had been present there.

(*To be continued.*)

Militia and Naval Medical Services and Ambulance

EIGHT MEDICAL OFFICERS FROM CANADA HONORED FOR COURAGE

Capt. Thomas Herbert Bell directed the work of stretcher-bearers for forty-eight hours without rest under heavy shell fire.

Captain John Cathcart, when stretchers were urgently required in the front line, carried four a distance of a thousand yards under the heaviest fire.

Capt. Franklin Dunham remained at a dressing station four days under continuous shell fire and gas attacks.

Capt. Emmert McCusker, when a dressing station was hit several times, carried in wounded men, and when stretcher-bearers were unavailable, rescued buried men under heavy fire.

Capt. Arthur Packer dressed the wounded at aid posts for thirty-six hours without rest and exposed to heavy shelling.

Capt. Stanley Ross directed the evacuation of wounded for forty-eight hours.

Capt. Wm. Henry Scott, when a dressing station in a cellar was filled with mustard gas and the whole staff was gassed, remained after all the assistants had evacuated the position and attended three men.

Capt. James Woodley went through a heavy barrage and attended the wounded in an advanced position.

COLONEL ROSS HONORED BY BELGIUM

Col. Arthur E. Ross, C.M.G., of Kingston, Director-General of Medical Services, First Canadian Division, was, on February 14th, presented with the Croix de Guerre by the Belgian Government.

Major Wm. Laidlaw, M.B. '95, has been appointed Deputy Director of Medical Services at the Canadian Army Corps Headquarters in France, under General Currie. He is a veteran of South Africa, and spent the winter of 1914-15 at Exhibition Camp. Originally on the Brigade Staff of the 4th C.F.A. in France, he was made O.C. of the Sanitary Section of the 1st Division in 1916; and has now received this further recognition of his valuable services. One brother, Pte. Harry Laidlaw, went overseas in the ranks of the 4th University Company, and was killed, while Lieut. J. E. Laidlaw, who enlisted as a private with the 5th University Company, won his commission on the field and has been awarded the Military Cross. The trio of soldiers are sons of Mrs. Laidlaw, of Barrie.

A very remarkable military career is that of Major Alexander M. McNeil, who gained his majority on the field at the age of twenty. He is a son of Dr. McNeil, of Collingwood, Ont., and was a student in medicine during the session of 1909. In March, 1915, he enlisted as a private with the 5th Field Ambulance, in April he took out his commission with the 43rd Battalion of which he was made machine gun officer. In July, 1916, he was placed second in command of the machine gun company and the following October was made officer commanding with the rank of major. This young officer has been twice wounded at Zillebeke in June, 1917, and at Courcelette in September, 1916, and was mentioned for valued services in Sir Douglas Haig's June despatches.

The three sons of Dr. James A. Harvie, Coldwater, Ont., are serving in the army. They are all University of Toronto students. They are: Lieut. James G. Harvie, who received his discharge in February, 1918, and later received a commission with the Royal Naval Air Service; Capt. R. M. Harvie, medical student, formerly with the British unit at Saloniki, and now on the Medical Board at Folkestone, England, and Horace H. Harvie, a surgeon of the Casualty Clearing Station in France.

Major C. E. F. Fortin is slated for chief of the Medical Service in Military District 10, succeeding Dr. Reilly, removed to Toronto. He was the first surgeon in Western Canada to offer his services to the Dominion Government. He was badly wounded early in 1916, while attending casualties in "No Man's Land." He recovered sufficiently, however, to be able to return to the front, but was discharged from active service during the spring of 1917. He is the son of Ven. Archdeacon Fortin, formerly rector of Holy Trinity Church, Winnipeg.

Captain Willis C. Connell has been serving for the past year and a half in a British hospital at Dar-es-Salaam, German East Africa. He originally went overseas as a private with No. 2 Casualty Clearing Station, but returned to complete his course in medicine, graduating with class '16. Since receiving his degree he has been on active service with the Royal Army Medical Corps. Capt. Connell came from Prescott.

Captain George F. Lewis, who went overseas as a medical officer in April, 1917, served with the Scottish Borderers when his battalion was sent to France in drafts. He is now back again in England, and has charge of the men undergoing remedial treatment at Seaford, Sussex. Capt. Lewis was born at East View. He entered the University with Class '16 Medicine.

Lieutenant F. J. Elkerton, of Chamberlain, Sask., who graduated in medicine in 1917, and was for a time with the University Base Hospital, has recently been appointed to the Army Medical Board, Risborough Barracks, Shorncliffe, Eng.

Captain O. J. S. Little, M.B., 1914, of Seaforth, Ont., who went overseas as medical officer of the 220th Battalion, has also received an appointment at Seaford, Sussex, with the Ravenscroft Military Hospital.

Captain T. H. Bell, who received the Military Cross for directing the work of stretcher-bearers for forty-eight hours without rest, under heavy shell fire, graduated from Trinity Medical School in '96, and enlisted from Winnipeg with No. 4 Field Ambulance. He was also mentioned in despatches by Gen. Haig last June.

Lieutenant-Colonel R. S. Wilson, to command the new district depot in Toronto in caring for returned soldiers, will have Major D. M. Mathieson as second in charge; and it is said that Major S. M. Brown and Lieut. C. H. Reeve, of the old M. H. C. staff, will be attached to the depot headquarters staff.

Captain Lionel Dawson, formerly of the Canadian, now of the Royal Medicals, was a few weeks ago awarded the Military Cross. Capt. Dawson went through hostile barrages to the relief of the wounded and kept the aid posts clear, remaining for twenty-four hours on duty under heavy fire.

Lieutenant Alex. McDonald, Brantford, MB. of 1916, is now serving as medical officer to a Toronto Battalion of the 1st Division. He went over originally with No. 1 Casualty Clearing Station. He was one of the students who returned to complete the fifth year.

Captain A. C. Armstrong, M.C., C.A.M.C., medical officer of the Ross Military Hospital at Regina, has been elected a Fellow of the Royal Institute of Public Health of London. Both the Military Cross and the Croix de Guerre have been conferred upon Captain Armstrong for services at the front.

Captain Oswald Day, of the Royal Medicals, Toronto, recently was awarded a bar to the Military Cross for leading bearers through the enemy barrages and effecting the recovery of wounded close to the German lines.

Major J. G. Fitzgerald sailed for England with Dr. W. E. Gallie, on March 23rd, to join the R.A.M.C.

Captain W. E. Hodgins, Lucan, Ont., a graduate in medicine in 1916, is now head of the British Hospital in Wellington, India.

Captain F. C. Wilson, a graduate M.D. of Trinity in 1894, who has been overseas for twenty months with the C.A.M.C., has been invalided home following a severe attack of pneumonia.

Colonel D. G. Farmer, C.A.M.C., of Wentworth, Ontario, has been appointed Officer Commanding the Canadian General Hospital at Liverpool, England.

Lieutenant-Colonel A. J. Mackenzie, C.A.M.C., of Toronto, is in charge of the medical department of the Granville Special Canadian Hospital at Buxton, England.

Captain Jas. Douglas Shields, of Mount Albert, Ont., M.B. of 1913, who enlisted as a lieutenant with the A.M.C., has been appointed to the Pension Board at Ottawa.

Colonel Reilly is about to tender his resignation as Assistant Director of Medical Services, attached to headquarters of M. D. 10, Winnipeg. He has been offered the position of Medical Superintendent of Toronto Orthopedic Hospital.

Personals

Surgeon-General Carleton Jones was a few weeks ago gazetted as having relinquished the appointment as Medical Commissioner.

Dr. Arthur H. Small, Toronto, M.B., 1895; M.D., 1904; M.R.S.C., and T.R.C.P., is major at Camp Pike, Little Rock, Arkansas.

Dr. B. C. H. Harvey, B.A., University College, 1894, and M.B., Toronto, 1898, is now with No. 13 Base Hospital, Fort McPherson, Atlanta, Georgia.

Dr. D. A. Craig, medical superintendent of the Byron Sanatorium at London, Ontario, has been appointed military expert in tuberculosis by the Department of Militia, with headquarters at London, Ontario.

Dr. George Herbert Clarke, a graduate of McMaster University with class '95, and professor of English in the University of Tennessee, has resumed his academic duties after a year devoted to war work in the War Trade Intelligence Department and Publicity Department of the United States.

Announcement is made by the medical faculty of Queen's University that no negro students will be admitted to the study of medicine at that university in future. It has been found impracticable to give such students the necessary clinical instruction. Arrangements will be made for the transfer to other schools of the fourteen students at present in the faculty.

Obituary

Dr. Mortimer H. Haight died at his residence, 96 Avenue Road, Toronto, on Tuesday, March 12th. He was forty-nine years of age. The funeral took place on Thursday, March 14th, to New Durham.

Dr. J. A. Devlin, at one time a prominent physician at Stratford, died in St. Joseph's Hospital, London. He was coroner for the county, and in his early years was an active Liberal, being prominently mentioned at one time for a seat in the Senate. He practised at Arthur and Hamilton before going to Stratford thirty years ago.

Dr. Peter Conroy, one of the best known physicians in Prince Edward Island, died at Charlottetown on March 15th at the age of sixty-five. The deceased was a graduate of Laval and had practised in Charlottetown for nearly forty years. He was Dominion Quarantine Officer, Governor of St. Dunstan's College, and a Trustee of Falconwood Insane Hospital.

The death of Dr. C. B. Eckel took place on March 15th, at his home in Brantford, Ont. He had been practising as a specialist in Brantford for the past three years and took ill last September. Dr. Eckel was born in Pembroke and graduated from Victoria College in Arts and later from the Toronto Medical College. He practised for one year as physician to the Six Nations Reserve, and from there moved to Adelaide, near London, where he remained for five years, at the end of which time he went to Brantford.

DEATH OF DR. THEODORE C. JANEWAY

The death a few weeks ago at Washington, D.C., of the well-known physician, Dr. Theodore C. Janeway, of New York City, came with tragic suddenness. The American medical profession, like the profession in the Dominion, has responded to their country's need in a most exemplary fashion. On the outbreak of the war, Dr. Janeway offered his services and, though he would have preferred to take up work in France, he acceded to the request made by the authorities at Washington, and took up his duties in the capital city. He acted as advisor in heart conditions, as also in reference to hospital equipment. His headquarters was in the Surgeon-General's Department, and right up to his death he devoted himself to his work with characteristic energy. He died of lobar pneumonia on December 27th, 1917, after an illness of about a week, at the early age of forty-six years.

DEATH OF DR. A. E. HANNA, M.P.

Death came with startling suddenness to Dr. Adelbert E. Hanna, M.P., at his home at Perth, Ont., on February 27th, as a result of heart failure. Dr. Hanna was born near Harlem, in Leeds County, fifty-six years ago. He graduated in medicine and surgery from McGill University in 1885, and had practised in Perth since that time, having established one of the largest practices in the County of Lanark. In December, 1913, he was elected to the Federal House to represent South Lanark, and at the last Dominion election carried the amalgamated ridings of North and South Lanark by a large majority as a Unionist Conservative. He had been for a number of years one of Eastern Ontario's most prominent men.

The Physician's Library

Practical Materia Medica and Prescription Writing. With illustrations. By Oscar A. Bethea, M.D., Ph.G., F.C.S., Assistant Professor of Materia Medica and Instructor in Prescription Writing, Tulane University of Louisiana. Formerly Professor of Chemistry and Professor of Pharmacology, Mississippi Medical College, etc. Second revised edition. Philadelphia: F. A. Davis Company. Publishers: English Depot, Stanley Phillips, London, 1917.

The popularity of this work is attested by the fact of this second edition appearing so soon after the first. It is a work of some 562 pages, the first part of which, 326 pages, is devoted to Materia Medica, giving a description of each drug with its compounds, uses and doses in both the ordinary and metric measures.

The second and third parts of the work are devoted mostly to prescription writing, with many illustrations of faulty and correct prescribing.

There is much useful information in incompatability, solubility, the metric system, drops and weight for fluidrachm, etc.

It is a very useful reference book for either the practising physician or the student.

The Thyroid Gland, in Health and Disease. By Robert McCarrison, M.D. (R.N.I.), D.Sc. (Belf.), R.R.C.P. (Lond.). Publishers: Bailliere, Tindall & Cox, 8 Henrietta Street, Covent Garden, London.

As the author has stated in the preface, this book represents the results of fourteen years of study of the thyroid apparatus and its diseases. The subject has been very carefully dealt with under three main headings. First, "The Thyroid and

Parathyroid Glands in Health," in which he has gone into the anatomy, histology, physiology, functions, and life history of the thyroid apparatus, giving a splendid resume of the normal in order that one might more fully appreciate the second part, namely: "Factors which Determine the Departure of the Thyroid and Parathyroid Glands from Health." Here he takes up all the various factors that might affect the gland, placing especial emphasis on gastro-intestinal toxemia. He then takes up very fully the disease of the thyro-parathyroid glands, discussing them purely from a medical standpoint. In the treatment of Graves' disease he speaks very strongly for medical procedures alone, claiming 50 per cent. cures by ordinary medical procedures, such as rest and other hygienic measures, whereas surgical procedures in 1,126 cases by twenty-six different skilled surgeons could claim slightly more, namely, 60 per cent., and a number of these might reasonably be considered to be due, at least in part, to the enforced rest in bed.

In the appendix he gives a few charts showing the effect of intestinal antiseptics on simple goitre, and also abstracts of a number of experiments on the effect of contaminated water and food on the thyroid gland.

It is a book written in a clear and interesting style, and one I would recommend all students of the science of medicine to read.

It is very fully illustrated, and the plates are of a very high class. A. J. J.

On the Fringe of the Great Fight. By Colonel George G. Nasmith, C.M.G. McClelland, Goodchild & Stewart, Toronto.

Dr. George Nasmith is too well known to the Profession to need any introduction, particularly since he identified himself with military life and for which he was, much to the gratification of his medical confreres in Canada, decorated by His Majesty. There are perhaps few who are, from actual experience, in a position to speak so authoritatively of the fierce struggle now going on all over Central Europe as the author of "On the Fringe of the Great Fight." Dr. Geo. Nasmith was there

and *knows*. His work as a bacteriologist close to the Advanced Lines called forth the highest commendation, and his account of his experiences, first on Salisbury Plains and in London, and later before Ypres, during the second battle of Ypres, the work he and his associates did to protect our brave soldiers from the deadly German gas and his description of laboratory work in the field makes his book intensely interesting. The doctor who does not buy a copy and read it throughout will miss a great treat.

Medical Diseases of the War. By Arthur F. Hurst, M.A., M.D. (Oxon.), F.R.C.P., Temporary Major, R.A.M.C.; Physician and Neurologist to Guy's Hospital; Neurologist to the 3rd Southern General Hospital; lately Member of the Medical Advisory Committee, Mediterranean Expeditionary Force, and Consulting Physician to the Salonica Army. London: Edward Arnold. Toronto: The MacMillan Company of Canada.

There is not a medical man who does not eagerly read any recent book dealing with the work of their confreres who have been at the front "doing their bit." Dr. Hurst's "Medical Diseases of the War" is full of interest and deals principally with conditions which became all too prevalent among the fighting forces around Lemnos and Salonica, including the different types of dysentry, amoebic hepatitis, trench fevers, para-typhoid and epidemic jaundice. The author also deals with those functional nervous disorders from which a great many "returned" men suffer, also soldiers' heart and gas poisoning.

Cancer, Its Causes and Treatment. By L. Duncan Bulkley, A.M., M.D., New York Skin and Cancer Hospital. Paul B. Hoeber, New York.

This book is composed of a series of lectures given by the writer to post-graduate students at the Skin and Cancer Hospital. The writer dilates on the fact that mortality from cancer is steadily increasing, in spite of advanced laboratory investigation and in spite of operative treatment. He states that in his

opinion the causation is due to no local condition but to a disordered metabolism. He condemns as unscientific the accepted local treatments such as surgical operation, X-ray, radium, etc., and maintains that the treatment should be purely dietetic and alterative. A purely vegetarian diet is advocated as the cure, assisted by a stock prescription of potassium acetate, tincture of nux vomica, extract of cascara and extract rumicis radicis. The local treatment consists in the application of ichthyol. The writer refers to an experience of thirty years, in which his opinions have not varied, and cites numerous cases of cures to support his contentions. There is a singular absence of confirmatory evidence, however, to support a diagnosis of carcinoma, and the results reported are far from convincing. His repeated urgings against the use of the "knife" make some of the lectures read like a newspaper advertisement for a fake cancer cure. Altogether there seems to be little reason to recommend this book to the profession at large.

Lectures on Medicine. A Handbook for Nurses. By Chalmers Watson, M.D., F.R.C.P.E. Edinburgh: E. & S. Livingstone, 17 Teviot Place. 1917.

This is a summary of ten lectures given by Doctor Watson to the nurses in the Royal Infirmary, Edinburgh. Though particularly specified for nurses, we think third-year students and laymen desirous of acquainting themselves with the main points in the symptomatology and treatment of disease would find this book of Doctor Watson's helpful. Doctor Watson cites concrete cases throughout his book, which helps to rivet attention on the diseases illustrated, and, consequently, the clinical picture is firmly impressed in the memory of his readers. Our Canadian superintendents of nurses would do well to add this book to the list recommended their classes in training, while graduate nurses will find the volume refreshing. The X-ray illustrations are excellent. We are of impression that the legend under the first photograph contains a misspelled word, "atomic" for "atonic," unless the author attaches the significance "simple" to the word. The paper and typography are excellent.

Diseases of the Chest and the Principles of Physical Diagnosis. By George William Norris, A.B., M.D., Assistant Professor of Medicine in the University of Pennsylvania; Visiting Physician to the Pennsylvania Hospital; Assistant Visiting Physician to the University Hospital; and Henry R. M. Landis, A.B., M.D., Assistant Professor of Medicine in the University of Pennsylvania; Director of the Clinical and Sociological Departments of the Henry Phipps Institute of the University of Pennyslvania; Visiting Physician to the White Haven Sanitarium. With a chapter on the "Electro-Cardiograph in Heart Disease," by Edward B. Krumbhaar, Ph.D., M.D., Assistant Professor of Research Medicine in the University of Pennsylvania. Philadelphia and London: W. B. Saunders Co. Canadian Agents: The J. F. Hartz Co., Ltd., Toronto. 1917.

This is perhaps one of the best works on diseases of the chest that we have had come under our notice for some years past and we do not hesitate to congratulate the authors on the result of their labors. It is throughout practical and suited, not alone to the physician specializing on the chest, but to the everyday practitioner. The authors lay important stress upon the correct use of the stethoscope and the percussion hammer, recognizing that "only through the comprehension of the laws of sound production and transmission can the results of percussion and auscultation be intelligently interpreted." The book is fully illustrated and the illustrations in colors are among the best we have seen.

Husband's Students' Pocket Prescriber and Guide to Prescription Writing, by David Mitchell Macdonald. Fifth edition. Edinburgh: E. & S. Livingstone, 15-17 Teviot Place.

This miniature booklet, fitting a small pocket, contains hundreds of prescriptions, which have been tried and found not to be wanting after the acid test of time. Amounts of ingredients are specified both in the English and metric systems. Many hospitals on this continent are publishing medical formularies. A comparison with this is interesting and instructive.

Diseases of the Skin—Their Pathology and Treatment. By Milton B. Hartzell, A.M., M.D., LL.D., Professor of Dermatology in the University of Pennsylvania. 51 colored plates and 242 cuts in the text. Philadelphia and London: The J. B. Lippincott Co., 1917.

Dr. Hartzell in this volume gives the profession the benefit of his special study of, and experience in, the different types of skin disease. The book is in every respect practical and will appeal to the profession actively engaged in family practice because it is not too technical. The author describes the different types of cutaneous disease lucidly and concisely. In the part of the book devoted to treatment, he gives considerable space to those remedies which he has found most effective, and lays considerable stress upon the manner in which local remedies are employed. The illustrations are exceedingly good, particularly those appearing in colors.

Posological Tables, Appendix on Poisons, Index of Diseases and Medicines, arranged according to their actions, by William Craig, M.D., C.M., F.R.S.E. Fourth edition. Edinburgh: E. & S. Livingstone, 15-17 Teviot Place, 1915.

This is a valuable little vest-pocket book, which will be very useful to the senior medical student and the young practitioner.

The New York Medical Journal, anent book reviews says that the reviewer should at least read the book, and that his opinion of the work should be buttressed by an analysis of it. Of eight reviews, the editor of the *Journal* had recently read, five showed no acquaintance with the book other than a glance at the dedication, table of contents, and preface! Only two gave an analysis of the contents. Such reviews, the writer says, are of no value to the reader and detrimental to the journal publishing them.

Reviews should synopsize, analyze and discuss, condemning the wrong, and cautious in praise.

On the other hand, many books are not good and not bad—mediocre, and the reviewer grows weary in search for something worthy of review.

Post-Graduate Medicine—Prevention and Treatment of Disease. By Augustus Caille, M.D., F.A.C.P., Member of the American Medical Association; Fellow of the New York Academy of Medicine; Fellow of the American Congress on Internal Medicine; Member and ex-President of the American Pediatric Society, etc., etc. Profusely illustrated. New York and London: D. Appleton and Company. 1918.

The profession will find in this volume much that will assist them in their daily work. The author evidently is a strong believer, and very properly so, in the practitioner of medicine being as much concerned in the prevention of disease as with the relief of different ailments as found in daily practice. Dr. Caille divides his book into fourteen sections, dealing with disease and its treatment. Two sections, however, are somewhat out of the usual—one dealing with "Bedside and Office Technic," and the other (the last) devoted to "Emergencies of General Practice." The latter is particularly practical, few authors of books on medicine thinking it worth while to trouble with what appears to them to be somewhat elementary. A section is devoted to non-bacterial parasitic diseases, one to minor ailments and still another to drug addictions, poisons and their antidotes. We have not for some time had the pleasure of perusing a book that should be found to be as easily saleable as "Post-Graduate Medicine," by Caille.

Impotence and Sterility, with Aberrations of the Sexual Functions, and Sex Gland Implantation. By G. Frank Lydston, M.D. Chicago: The Riverside Press.

In this book Doctor Lydston reports much work on sex gland implantation, and concludes that temporarily, possibly permanently, and indubitably therapeutically successful total or partial implantation of human sex glands in both male and female is practicable. Glands taken from the living subject are most desirable, though rarely obtainable. They are, however, not more viable than those taken from somatically dead subjects. The writer opens up a somewhat new subject, of which more will be heard in the future.

Albert, Fourth Earl Grey. A last word by Harold Begbie. Hodder & Stoughton, London, New York, Toronto, 1917. All rights reserved.

The Dominion of Canada looks back upon the regime of the late Earl Grey as Governor-General with peculiar pleasure and satisfaction. As Lord Bryce stated, "No more beautiful or lovable character has adorned our generation." Lord Milner said recently of the deceased gentleman: "He had a record of public service of which any man might be proud; but it is entirely dwarfed by his personality." Earl Grey unquestionably spent himself for others, his one ideal being the reconstruction of national life. He never was a party politician. He had the great quality of inspiring his friends and those around him with enthusiasm and never did any one talk to him without coming away inspired to greater and higher ideals. Harold Begbie's "Last Word" will be read with the keenest interest, particularly in Canada, where Albert, Fourth Earl Grey left the pleasantest of memories.

Canadian Medical Directory (Newfoundland, Prince Edward Island, Nova Scotia, New Brunswick, Quebec, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Yukon). First edition, 1918. Montreal: *The Canadian Medical Directory.*

The first edition of *The Canadian Medical Directory* reached us recently and we would like to congratulate the editor, Dr. N. W. Moore, on the result of his labors. The book will be found exceedingly useful to the profession. It gives much needed information regarding the practice of medicine, with a good deal of space devoted to the laws and rules governing reciprocity between the Dominion and Great Britain, and full information concerning the Medical Council of Canada. The book also includes a list of practitioners, who have up till the present obtained a federal license, as also an alphabetical list of all Canadian medical men having served overseas with the Canadian Expeditionary Forces since the beginning of the war. The first part of the volume closes with a list of the instruct-

ing staff of the various medical faculties of the Dominion. The second part contains a list of the provinces, beginning with Newfoundland in the east and ending with British Columbia in the west, with full data as to population, area, number of physicians and complete information regarding the medical laws and rules governing the granting of licenses, the names of all the Staffs of the Colleges of Medicine, Officers of Health, Hospitals, Sanatoria and Medical Societies. A complete alphabetical list of practising physicians, with their date of graduation and post-office address, are to be found under the heading of the province to which they belong.

The Internal Secretions—Their Physiology and Application to Pathology. By E. Glay, M.D., Member of the Academy of Medicine, Paris, Professor of Physiology in the College of France, etc. Translated from the French, and edited by Maurice Fromberg, M.D., Clinical Professor of Medicine, New York University and Bellevue Hospital Medical College, Attending Physician Montefiore Home and Hospital for Chronic Diseases. Authorized translation. New York: Paul B. Hoeber (1917) publisher.

In this small volume the author has endeavored to set forth in concise form what has been discovered concerning the internal secretion of the various glands of the body. We can recommend the book to any interested in the subject.

USE VACCINES IN ACUTE INFECTIONS*

Bacterial vaccines are being more and more appreciated as therapeutic agents in acute as well as subacute and chronic infections. When bacterial vaccines first came into use it was thought that they were not applicable in the early stages of acute infections, because acute infections are usually associated with toxic manifestations, and that by giving a vaccine under such circumstances the toxic condition would be aggravated from the toxic elements contained in the vaccine. Clinical experience, however, has conclusively demonstrated that this theoretic conception is erroneous. In this connection it is important to realize that bacterial vaccines, when given for therapeutic purposes, are employed in too small dosage to possess any appreciable toxic effect. The average weight of killed organisms in a dose of vaccine would amount to approximately 0.00004 gr.

The toxic conditions in acute infections are really due to retarded immunization from the toxic devitalizing influence of the infecting organisms. Killed organisms, on the other hand, when injected into healthy tissues, even in exceedingly small quantities, possess the property of rapidly arousing cell activities for rapid immuno-production, and it is this action that makes bacterial vaccines such valuable agents in the treatment of acute infections. But it must be remembered that this action is most pronounced before the toxic element of the infection has progressed to a point of exhausting the immunizing responses. Virulent infecting organisms usually cause the most rapid extensions of destructive processes during the earlier stages of the infection. By instituting artificial immunization with bacterial vaccines before real destructive processes have developed, while tissue cells are still responsive, in a high degree, to vaccine stimulation, immunization can be established before irreparable damage is done. For this reason, vaccines should always be employed in acute infections as early as possible. Clinical results certainly justify this procedure. As a rule, if vaccines are given in acute infections like pneumonia, erysipelas, bronchitis, colds, etc., during the first day after onset of symptoms, marked improvement will be observed within one or two days. Sherman's bacterial vaccines are recognized for their efficiency. They are marketed in most convenient aseptic bulk packages.

* Publisher's Department.

containing 5 c.c. or 20 c.c., and standardized so the various suspensions may be given in uniform sized dosage. For further information write G. H. Sherman, M.D., 3334 E. Jefferson Avenue, Detroit, Mich.

A RELIABLE X-RAY APPARATUS*

The attention of our readers is invited to the advertisement of the McIntosh Battery & Optical Co., in the advertising section of this journal. The McIntosh Co. are offering a special proposition on the Hogan Silent Roentgen Transformer, which is well worthy of the attention of our subscribers. The McIntosh Co. occupy the unique position of being the oldest X-ray and electro-therapeutical manufacturer in the business, and have for many years enjoyed a reputation of square dealing with their customers.

GERMAN OWNED DRUG PATENTS NOW TURNED OVER TO UNITED STATES MANUFACTURERS*

The limitations of profits on drugs manufactured in the United States on licenses to use German-owned patents is being exercised by the Federal Trade Commission at Washington, to reduce the high prices which have prevailed since the war began. It was recently announced that the Abbott Laboratories, Ravenswood, Chicago, are now licensed to manufacture Veronal. The Commission believe that this drug can be now produced for about twenty dollars a pound, and is to be sold at a profit of about 15 per cent. The present price of Veronal is nearly fifty dollars a pound. The new drug will hereafter be known as Barbital. The Rector Chemical Co. and the Farbwerke-Hoechst Co., both of New York, have been licensed to manufacture Novocain, a local anaesthetic now used quite extensively in surgery, which will in future be known as Pro-caine. Recent sales of Novocain have been made at a rate of about seven hundred and twenty dollars a pound, but the firms named believe that the drug can be manufactured for sixty-five dollars, and have agreed to sell it at ninety-five dollars a pound. The Federal Trade Commission have reserved the right to fix prices.

* Publisher's Department.

The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

Vol. XLIII. TORONTO, JUNE, 1918 No. 6

Editorials

"MEDICAL WEEK" IN HAMILTON

FOR the past year the Committees of the Canadian Medical Association, the Ontario Medical Association, the Ontario Health Officers' Association, the Canadian Public Health Association, and the Canadian Association for the Prevention of Tuberculosis, have been working very hard to make the combined meeting for 1918 a huge success. The arrangements culminate in what will doubtless turn out to be the most important Medical Congress that has ever taken place in the Dominion, opening at Hamilton, Ontario, on May 27th, and lasting throughout the entire week. In this issue of THE JOURNAL our readers will find the programme in detail. It will be noticed that nothing has been left undone to ensure the success of each and every Section, and we bespeak for the different Committees the undivided support of the Canadian profession. Let each and every man decide that he personally will be present and spend

the last week of May at "The Ambitious City" under the Mountain, sharing with his professional friends from all over the Dominion in a splendid scientific bill of fare from which he cannot but benefit, rendering himself better able to serve his day and generation as he ought.

DIAGNOSIS OF CARDIAC CONDITIONS

In a fine article in the *New York Medical Journal* (No. 2,036), Dr. Harold Pardee, of the New York Hospital and Cornell Medical College, discusses the field of the various methods of cardiac diagnosis.

In respect to tests of function of the heart he says: "If the pulse accelerated by exercise does not return to its former rate after three minutes, it indicates that the heart is overtaxed; and if the blood pressure, taken at half-minute intervals, continues to rise after the exercise has ceased, it is considered to indicate the same thing."

Summing up, Doctor Pardee says that though the usual simpler methods of examination will lead to a diagnosis of the cardiac condition, yet that diagnosis will not always be correct owing to the limitations of the methods. It is necessary for physicians to know these limitations, and thus to know when to use the newer instruments of precision, as well as to understand the type of information which these instruments are able to supply. The X-ray will give an exact picture of the size of the heart. The polygraph

will lead to an exact diagnosis of the arrhythmia and will disclose latent heart block. The electro-cardiograph will both give an exact diagnosis of the arrhythmia and demonstrate latent heart block with greater ease and certainty. It will indicate hypertrophy of the auricle; it will indicate predominant hypertrophy of either ventricle, or that such hypertrophy is either absent or is symmetrical, thus throwing a side light on the presence or absence of any special valvular lesion; it will give actual physical signs which indicate myocarditis.

TUBERCULOSIS

Sir St. Clair Thomsen, President of the Medical Society of London, summing up the discussion on the sanatorium treatment of tuberculosis, at a recent meeting of the Society, agrees with a recommendation made by this journal. He states that as cases of tuberculosis are becoming so scarce in the clinics the medical students are not getting a practical acquaintance with the disease. The only way to correct this, he says, will be to insist on the curriculum including some weeks, at least, of residence and study in a sanatorium.

In the same discussion he points out that the laboring classes—coming from a poor environment—respond sooner and better to treatment than those who have contracted the disease in a good *milieu.*

He further points out that "the critical time begins when the sanatorium is left. Success or fail-

ure is determined during the next two or three years." Of carefully selected cases discharged from Frimley, 9.8 per cent. died in the first year, 21.6 per cent. in the second, and at the end of the fifth 46.6 per cent. were dead.

Doctor Thomsen quoted Doctor Bardswell as saying he (the latter) had tried nearly all the aids to sanatorium treatment, from tuberculin and vaccines to chloride of gold, but had not observed any benefit from them. Of all the remedies he had tried, he preferred a mixture of soda and gentian with a dash of nux vomica and the liquid extract of cascara!

Sir Douglas Powell has said that, if there were no dirty surroundings and bad habits of life, the infection of tuberculosis would almost cease to be operative—the disease was more of a product of vicious environment than of infection.

The ideal of T. D. Lister is that everyone should live and work under sanatorium conditions. Farm colonies, industrial settlements or garden cities should be established where the arrest secured by the sanatoriums can be consolidated. Besides, before the patient returns home, the conditions of his bad environment must be removed by improved dwellings, factories and workshops.

Canadian Journal of Medicine and Surgery

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Address all Communications, Correspondence, Books, Matter regarding Advertising, and make all Cheques, Drafts and Post-Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College Street, Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

Reprints supplied at Net Cost

Society Proceedings

"MEDICAL WEEK" IN HAMILTON

MAY 27TH TO JUNE 1ST.

WITH the object of conserving the energies of the medical profession of this country in the interests of other necessary war business, the various bodies indicated below have agreed to co-operate in arranging for a joint medical week. We bespeak the interest and assistance of the medical profession of the whole of Canada in our efforts. Many topics are of vital interest and national importance.

THE ONTARIO MEDICAL OFFICERS' ASSOCIATION.

President—H. W. Hill, M.D., D.P.H., London.
Secretary—J. W. S. McCullough, M.D., D.P.H., Toronto, Ont.

THE CANADIAN PUBLIC HEALTH ASSOCIATION.

Patron—His Excellency the Governor-General.
Vice-Patron—Sir Robert Borden, P.C., G.C.V.O., Premier.
Honorary President—Sir John Gibson, Hamilton.
President—Dr. W. H. Hattie, Halifax, N.S.
Vice-Presidents—Dr. J. A. Hutchinson, Westmount, Que.; Mrs. A. M. Huestis, Toronto; Dr. George Clinton, Belleville.
General Secretary—J. G. Fitzgerald, M.D., Toronto University.
Treasurer—Capt. Geo. D. Porter, M.B., Toronto.

THE CANADIAN ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS.

Honorary President—His Excellency the Governor-General.
Honorary Vice-Presidents—Lieutenant-Governors of all the Provinces.

President—J. A. Machado, Esq., Ottawa.
Hon. Treasurer—Sir Geo. Burn, Ottawa.
Secretary—Geo. D. Porter, M.B., Toronto.

The Canadian Medical Association.

Honorary President—Sir Thomas Roddick, Montreal.
President—A. D. Blackader, Montreal.
President Elect—H. Beaumont Small, Ottawa.
Vice-Presidents, Presidents of Affiliated Societies and the Presidents of Provincial Societies, *ex officio.*
Secretary-Treasurer—W. W. Francis (on Active Service).
Acting Secretary-Treasurer—J. W. Scane, 836 University Street, Montreal.
Local Secretaries are the Secretaries of Affiliated Societies and the Secretaries of Provincial Societies, *ex officio.*

Ontario Medical Association.

President—John P. Morton, M.B.
Secretary—F. Arnold Clarkson, M.B.
Treasurer—J. H. Elliott, M.B.
Chairman of Committee on Programme—J. P. Morton, M.B.
Chairman of Committee of Arrangements—R. Y. Parry, M.B.
Local Secretary—J. Heurner Mullin, M.B.

The Prevailing Sentiment.

Soon after the close of the meeting of the Ontario Medical Association last year, the newly-elected officers began to look about and prepare plans for the 1918 meeting. It was proposed that the other associations should be invited to co-operate, and soon it became evident that it was our duty in the interests of war-time efficiency to conserve and concentrate the energies of the Canadian medical profession.

At no time in the history of medicine in Canada was the complete organization of profession more necessary. We must be prepared to serve the public in these strenuous times to the limits of efficiency. Great sacrifices are necessary on the part of all. We should endeavor to understand the problem and be prepared to meet it.

The Spirit of Co-Operation.

One of the most striking and most gratifying features of the medical week is the whole-hearted unanimity with which the various organizations have pledged their co-operation.

The numerous meetings of the General Committee on Arrangements have been attended by members representing the Canadian Medical Association, the Canadian Public Health Association, the Health Officers' Association, many of whom have repeatedly travelled distances to be present and share in the discussion of the necessary preparations.

The Committee is confident that this enthusiasm must pervade the whole meeting, and that the spirit of fraternal co-operation, so evident from the outset, shall continue to animate the profession long after the Convention has become a memory.

In the preparation of the programme the utmost care has been exercised to assign to each body represented sufficient time for the discussion of subjects peculiarly its own, and to avoid the duplication of papers or the repetition of subjects which may have been discussed in another section.

The number of topics, the high standard of excellence of the papers to be presented, and the facilities offered for thorough discussion should ensure the attendance of the medical profession at its maximum and that this Congress in Hamilton will occupy a permanent place in the annals of Canadian medicine.

For the first time in the history of the Ontario Medical Association county medical societies are this year afforded an opportunity of exercising a degree of influence commensurate with their importance. Under the new constitution and by-laws of the Ontario Medical Association the county societies are recognized as the basic element of the Association.

The Committee of General Purposes, as the legislative body of the Association, is constituted of representatives elected from the county societies in proportion to their membership. This plan has undergone the test of experience in the American Medical Association, and reflects the growing spirit of democracy.

The Committee in charge hopes for a large representation of the profession outside the cities, this being necessary to sup-

port the main ideas underlying the new constitution and by-laws.

Scientific Programme.

Monday and Tuesday.

Programme prepared by the Canadian Public Health Association and the Ontario Health Officers' Association:—

The President's Address, Canadian Public Health Association —"A Plea and a Plan"—W. H. Hattie, Halifax, N.S.

The President's Address, Ontario Health Officers' Association —W. H. Hill, of London, Ontario.

"The Public Health Nurse"—J. A. Boudouin, Lachine, Quebec.

Paper (title not received)—M. M. Seymore, Regina, Sask.

"Good Public Health Service in Small Towns and Rural Municipalities"—J. J. Harper, Alliston.

"Hints on Rural Administration"—J. W. S. McCullough, Toronto.

"The Control of an Outbreak of Diphtheria,"—W. C. Alliston.

"The Trail of the Medical Vampire"—Frederick Paul.

"Health Insurance"—Chas. J. Hastings, Toronto.

"The Venereal Disease Problem"—Gordon Bates, Toronto.

"Why is it Worth While to Establish Sewerage in a Small Town?"—F. A. Dallyn, Toronto.

"Interpretation of Water Analysis"—H. M. Lancaster, Toronto.

"Mental Hygiene"—Clarence N. Hincks, Toronto.

"Public Health Education"—Chas. F. Boldman, Toronto.

Tuesday Morning.

Child Welfare Section of Canadian Public Health Association.

Chairman's Address—Alan Brown, Toronto.

"Progress in Child Welfare Work in Europe"—Grace L. Meigs, Washington, D.C.

"The Result of Three Years' Work in the Department of Child Hygiene"—Geo. Smith, Toronto.

"The Medical Student in His Relation to Infant and Child Welfare Work"—Richard Bolt, Cleveland, Ohio.
"The Management of a Child Welfare Week in Small Cities and Towns, with Results"—Mary Power, Toronto.
"Round Table Discussion," and a Subscription Luncheon.

Wednesday.

THE CANADIAN ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS.

9.00 a.m.—Address of Welcome by the President of the Ontario Medical Association—J. P. Morton.

9.30 a.m.—Social and Public Health Aspects of Tuberculosis.
The Secretaries' Report—Geo. D. Porter, Toronto.
Role of Health Officers in the Control of Tuberculosis—H. W. Hill, London.
President's Address—J. A. Machado, Esq., Ottawa.
Heliotherapy by the Rollier Method, as applied to Surgical Tuberculosis (with lantern views)—J. H. Pryer, Buffalo, N.Y.

2.00 p.m.—Symposium on the Diagnosis and Treatment of Tuberculosis.
"Differential Diagnosis"—J. S. Pritchars, Battle Creek, Mich.
"Sanitarium Treatment"—A. F. Miller, Provincial Sanitarium, Kentville, N.S.
"Artificial Pneumothorax"—C. D. Parfitt, Gravenhurst.
"Tuberculin Treatment"—J. H. Elliott, M.D., Toronto.

8.15 p.m.—Combined General Session of all Associations.
The President's Address, by the President of the Canadian Medical Association—E. Beaumont Small, Ottawa.
Symposium on the Returned Soldier Problem.
"Psychogenic Condition in Soldiers, their Etiology and Treatment"—Lt.-Col. Colin Russell, C.A.M.C.
(Title to be announced)—Col. I. H. Cameron, C.A.M.C.
(Title to be announced)—Lt.-Col. Hadley Williams, C.A.M.C.

Thursday.

THE CANADIAN MEDICAL ASSOCIATION AND THE ONTARIO MEDICAL ASSOCIATION.

9 a.m.—Meetings in Sections.

2 p.m.—General Sessions.

The Address in Obstetrics—"Methods and Operations for Reducing Fetal Mortality, with special reference to New Methods of Cesarean Section"—Joseph DeLee, Chicago.

The Address in Pediatrics—"Asthma in Infancy and Childhood"—Isaac A. Abt, Chicago, Ill.

The Address in Medicine—"On the Significance of Heart Murmurs Found in the Examination of Candidates for Military Service"—Llewellys F. Barker, Baltimore.

7.30 p.m.—General Session.

The Address on the Ear—"Equilibrium and Vertigo, with Special Reference to Aviation"—Isaac H. Jones, Philadelphia, Pa.

Friday.

THE CANADIAN MEDICAL ASSOCIATION AND THE ONTARIO MEDICAL ASSOCIATION.

9.00 a.m.—Meetings in Sections.

2.00 p.m.—General Sessions.

Symposium on Intra-Cranial Pressure.
"Medicine"—W. F. Hamilton, Montreal.
"Surgery"—A. E. Garrow, Montreal.
"Physiology"—J. J. R. McLeod, Cleveland.

7.30 p.m.—General Sessions.

The Address in Surgery—
"Cancer"—Chas. H. Mayo, Rochester, Minn.
"Medical Impressions of the Day"—Frank Billings, Chicago.

The Programme for Sections.

The Section on Medicine.

W. G. Lyle, New York—"Modern Methods in Diagnosis of Nephritis."

I. Chandler Walker, Boston—"A Clinical Study and Treatment of Bronchial Asthma."

Thaddeus Hoyt Ames, New York—"The Prevention of War Neuroses (Shell Shock)."

W. G. McCallum, Baltimore—"Pathology of Pneumonia in Military Camps."

Beatrice W. Hinkle, New York—"Psychoanalytical Subject."

Thomas McCrae, Philadelphia—"Low Blood Pressure."

Allan Brown, Toronto—"Chorea."

The Section on Surgery.

M. McGuire, Buffalo—"Surgery of Colon."

D. Guthrie, Sayre, Pa.—"Radical Operation for Cancer of the Breast."

M. S. Henderson, Rochester—"Fracture of the Hip."

William O'Neil Sherman, Pittsburg—"Carrel-Dakin Treatment of Wounds and Paraffin Wax Treatment for Burns."

Jasper Halpenny, Winnipeg—"The Training of the Surgeon."

W. R. Thomson, Warsaw, N.Y.—"Observations on Post Operative Management of Abdominal Cases."

E. R. Secord, Brantford—(Title to be announced).

The Section on Obstetrics.

Irving W. Potter, Buffalo—"Normal Labor."

Douglas Arnold, Buffalo—"Practical Infant Feeding for the General Practitioner."

W. H. Weir, Cleveland—"The Later Repair of Injuries Due to Labor."

B. P. Watson, Toronto—"The Technique of Operations for the Repair of the Perineum."

F. A. Cleland, Toronto—"Results of Various Measures in the Treatment of Cancer of the Uterus."

K. C. McIlwraith, Toronto—"The Toxemia of Eclampsia."
F. A. L. Lockhart, Montreal—(Title to be announced).
D. Evans, Montreal—(Title to be announced).

Section on Ophthalmology.

Major Casey Wood, Chicago—"Fundus Oculi of Birds."
Warder Parker, Detroit—"Management of Cases of Simple Glaucoma."
Edmond E. Blaauw, Buffalo—(Title to be announced later).
John Wheeler, New York—(Title to be announced).
J. G. Dwyer, New York—"Focal Infection of the Eye, with Special Reference to the Intestinal Tract. A Proposed New Method of Treatment. Reports of Cases."

Section on Laryngology, Otology and Rhinology.

Joseph C. Beck, Chicago—"Teaching of Plastic Surgery of the Head and Neck."
Gordon B. New, Rochester, Minn.—"The Value of Radium in the Treatment of Lesions of the Ear, Eye, Nose and Throat."
Robert R. Ridpath, Philadelphia, Pa.—"Nasal Accessory Sinuses."
J. G. Dwyer, New York—"Protein-Allergy of Nose and Throat, with Special Reference to Food and Pollen Proteins. Resume of three years work."

An Appeal for Discussion.

The Committee on Programme have pursued a policy as far as it was possible of bringing here our brethren to the South of us to give a number of the papers, and are asking the men on this side of the line to supply the discussion. As is well known, the usefulness and effectiveness of any paper, no matter how excellent it may be, is seriously impaired by the absence of critical discussion, the latter is really of more importance. Not only, then, from the standpoint of importance, but also from the spirit of courtesy and hospitality, the Committee confidently hope that our members will volunteer cheerfully to

assist in the programme, and show, by their interest, the appreciation we all feel of the presence of the men who have come (many at great personal inconvenience) to help make this a record meeting.

Saturday.

THE HAMILTON CLINICAL DAY.

Dr. Chas. Mayo, of the Mayo Clinic, Rochester, Minn., and Dr. Frank Billings, of Chicago, will conduct a combined medical and surgical clinic on the following types of cases:

(*a*) Goitre-exophthalmic, simple and toxic.
(*b*) Anemias.
(*c*) Focal Infections.

Members having interesting cases on any of these types are invited to report them to the Executive of the Hamilton Medical Society.

THE ROUND TABLE.

On Thursday (at 9 p.m.), after the regular programme is finished, there will be held a "Round Table Discussion" on a subject of vital interest to the profession. All seats will be reserved. The officers of each Association and of each county society will be given an allotment of the available accommodation. Chairs not applied for before Thursday morning will be thrown open to general membership. It is expected that in an informal manner an opportunity will be given for the introduction of various shades of opinion on the underlying principles which govern our practice, our relation and duties to the general public.

THE ONTARIO LAENNEC SOCIETY.

The Ontario Laennec Society will hold their meeting on Tuesday afternoon and evening, May 28th, beginning at two o'clock. Complete arrangements will be announced later.

BUSINESS PROGRAMME.

Monday and Tuesday.

The Business Sections and Executive Meetings of the Ontario Health Officers' Association and the Canadian Public

Health Association will be arranged for by each Association later.

Tuesday Evening.

8.30 p.m.—The Ontario Medical Association. The Meeting of the Committee of General Purposes.

Wednesday Morning.

9.00 a.m.—The Ontario Medical Association. Business Session.

10.00 a.m.—The Canadian Medical Association. Business Session.

Wednesday Afternoon.

4.00 p.m.—Canadian Association for the Prevention of Tuberculosis. Election of Officers.

Thursday Afternoon.

4.30 p.m.—Ontario Medical Association. Business Session.

Friday Afternoon.

4.00 p.m.—Canadian Medical Association. Business Session. Report of Special Committee on Resolution.

SPECIAL ENTERTAINMENTS.

At this large congress of Canadian medical associations the main consideration will be the presentation of the scientific programme. The local Committee wish to announce that with due respect to war conditions, the usual banquet will not be held this year.

In place of this, four informal table d'hote dinners will, on Monday, Tuesday, Thursday and Friday, be served in the large Assembly Hall at 6.30 p.m. Immediately following each dinner the "Address of the Evening" will be given.

On Wednesday afternoon the members have been invited to proceed to the Mountain Sanatorium, where high tea will be served. Ample opportunity will be given to inspect the buildings, plant and grounds at this institution.

On Friday evening a smoking concert will follow the scientific programme.

On Saturday, at 1 p.m., at the close of the clinic at the hotel, the members will be taken by motor to the new Hospital on the Mountain, when, through the courtesy of the Board of Governors of the city hospitals, the members will be entertained at luncheon.

It has been suggested that the Thursday dinners be especially assigned to class re-unions and sectional dinners. Those who are interested in either of these should correspond with the Local Committee without delay. Accommodation can be had for a few of these in private dining-rooms. It will be necessary to arrange for others by assigning tables to these in the large Assembly Hall. A Sub-Committee on Entertainment would like to hear from any who would agree to assist in the organization of a convention choir. Those who are in the habit of assisting in such choral work, or any who think they can sing, should communicate with Dr. F. E. McLoghlin, 452 Main Street E., without delay, who will supply them with song sheet and other details. Any members who know of any who should be invited to assist by contributing instrumental music will please co-operate.

Hotels.

The headquarters for the Canadian medical week are in the Royal Connaught Hotel, which has placed ample accommodation at our disposal for the meeting. Rates in this hotel run from $1.50 to $3.50 per day.

Automobiles.

For the assistance of those who take advantage of the motoring facilities it may be stated that garage accommodation will be ample and the rates reasonable.

Garages.

Jolley Sales Garage, Catharine Street South.
Ford Motor Co., John Street North.
Overland Sales Co., John Street North.

Citizens' Taxi Co., King Street East.
O. & R. Garage Co., Hughson Street South.
East End Garage, King Street East.

Scientific Exhibits.

Attention of members of various associations taking part is drawn to the fact that there will be a most interesting collection of scientific exhibits. There will be a pathological exhibit of museum specimens in the personal charge of Maud E. Abbott, of Montreal. This will include, among special features, a large exhibit of specimens from the National War Museum of Canada, shown by special permission of Surgeon-General Fotheringham. An exhibit from the Babies' Hospital, New York, showing a number of specimens illustrating pneumonia in children; this will also include pathological material illustrative of papers being read in various sections.

There will be a series of demonstrations of clinical laboratory procedures. This is of special interest to the general profession, such as public health diagnostic tests, syphilis bacteriology, pathology and serology-alveolan air, kidney pathology and function, blood grouping and transfusion, technique, frozen section technique for surgical pathology and other procedures.

Moving pictures on medical and surgical subjects will be shown daily, between 4 and 6 p.m. in a convenient lecture hall. The subject of these films will be such as to interest particularly the general practitioner and will deal more especially with the surgical aspects of conditions resulting from the war.

An exhibit of X-ray plates will be shown in a large room set aside for the purpose and equipped with efficient illuminating boxes. A good projection lantern is provided for the demonstration of lantern slide reductions from the plates. Invitations are being sent out to the men throughout the country doing X-ray work, asking them to send any plates of unusual interest, which will be placed on display. An informal demonstration of this kind will be made daily. A number of plates illustrating papers being read in the various sections will be on exhibition in this room. There will be an exhibit of some of the newer apparatus developed during the past year for the use

of the American army at the front, in the way of portable field apparatus and instruments for precise localization of foreign bodies.

A number of posters illustrating the work carried on by the Canadian Association for the Prevention of Tuberculosis will be shown.

There will be a display of the charts, illustrations and literature from the Propaganda Department of the American Medical Association. In connection with this there will also be a continuous lantern demonstration of slides illustrating the work carried on by this Association.

All material illustrative of papers being presented in the various sections or in the general meetings, will be placed on exhibition, and withdrawn for use during the reading and discussion of the papers.

In connection with the Returned Soldier Problem, a number of the methods illustrating the re-education of the returned men will be demonstrated. Members are cordially invited to send material illustrating papers or other specimens of interest to any of the Associations participating in this Congress. Parcels should be in the hands of the committee not later than May 25.

Address parcels to Committee on Scientific Exhibit, Canadian Medical Week in Hamilton, Royal Connaught Hotel, Hamilton.

RAILWAY RATES.

The usual reduced rates have been arranged on all the Canadian roads. These special rates may be obtained by doctors attending the meeting, and by members of their families accompanying them.

In order to take advantage of these rates it will be necessary for the physician when starting, first, to purchase a single first-class ticket (which must cost not less than 50c.) to place of meeting, and second, to obtain from his ticket agent a standard certificate properly filled in and signed by the latter. This must be presented to the General Secretary of the Association when registering at the meeting. It will be filled in by him and vised by a special agent of the transportation companies, who will attend for this purpose and who will collect the sum

of 25c. for each certificate examined. The presentation of this form properly filled in and vised will entitle the holder to a return ticket to his home either free of charge or at two-thirds, or one-third the regular first-class fare, depending on the number attending the meeting.

From points east of Fort William, Ontario, tickets must be bought between May 23rd and May 29th, inclusive, and the return journey may be made up to and including June 5th, 1918. From points west of Fort William and Armstrong, Ontario, tickets must be bought between May 22nd and 25th, inclusive; from British Columbia, between May 19th and 22nd, inclusive. Certificates for the return journey to the west will be honored at Hamilton up to and including June 5th. A thirty-days' extension may be secured by additional payment of one-third the full fare from place of meeting to starting point. Stop-overs will be granted holders of these extended tickets.

We would point out to our members that the above special rates apply as well to the boats of the Canada Steamship Lines as to the railways.

It is hoped that our members will note that it is important to fulfil all conditions mentioned above, and it should be emphasized that the greater number attending, the less will be the cost of railway transportations.

THE CANADIAN NATIONAL COMMITTEE FOR MENTAL HYGIENE

"An organization of experts backed by ample funds to cultivate a public opinion, an organization to support those of us who have been alone in trying to carry on a work the efficiency of which has been crippled by the lack of public opinion," was Dr. Peter Bryce's description of the movement started in Toronto about two months ago, and crystallized at a meeting held in the Chateau Laurier, at Ottawa, on April 26th, in the Canadian National Committee for Mental Hygiene. Dr. C. K. Clarke, of Toronto, presided.

Mr. Clifford W. Beers, of New York, Secretary of the National Committee for Mental Hygiene in the United States, outlined the constitution under which that organization is working, and which took some ten years in perfecting. This constitution, with slight alterations, was agreed to be suitable for the Canadian organization.

Mr. Beers said that the American National Committee was taking a very lively interest in the formation of the Canadian organization, and realized that it was the beginning of an international movement. It ought to be easy to start work in England and France, and inquiries had already come to him with regard to the starting of similar work in South Africa and in Japan.

A resolution was passed providing that a salary of $5,000 a year be paid to the Secretary and Assistant Medical Director, Dr. Clarence M. Hincks.

It was moved by Dr. F. E. Devlin, of Montreal, seconded by the Bishop of Ottawa, and passed unanimously, that their Excellencies the Duke and Duchess of Devonshire be asked to extend their patronage to the movement. Dr. Clarence M. Hincks, of Toronto, told of the sympathy expressed by their Excellencies, and said that if they saw their way clear to extend their patronage it would be no mere official patronage, but a real interest.

Dr. Hincks spoke also of the financial end of the undertaking, and said that $75,000, or a budget of $25,000 a year for three years, would be necessary to start the work, and that about $45,000 of this was available now, some of it having been subscribed in Montreal, and $20,000 by a small group at an inaugural meeting held at Mrs. D. A. Dunlap's home in Toronto.

Regarding the aims of the new organization, Dr. Hincks said much could be done in co-operation with the military authorities, both in stricter examination of men drafted for overseas and in the treatment of those returning with nervous and mental disabilities.

He spoke of the need of the development of a practicable method of debarring from this country the mentally deficient and insane aliens, of placing the assistance of the organization at the disposal of the Government, of a campaign of education to secure suggestions and support in the introduction of pro-

gressive legislation, and of study of the mental elements in crime, inebriety, prostitution and other problems. Local organizations will be formed and local problems will also be taken up.

Col. Colin K. Russell, of Montreal, spoke on the huge problem of the mental defective in the army and how the committee can help in its own solution.

Major Paget spoke of the problem of immigration, in which, he said, the progress had been backward. On the same point Dr. Devlin said that in 1913 in his institution in Montreal 13 patients, not Canadians, had been admitted, and last year 51 such had been admitted.

Sir William Peterson, of Montreal, spoke of the common ideal of service that had brought these workers together, and Sir Robert Falconer declared $75,000 a trifle compared with the benefit which will result should even a very small portion of the aims set forward by the society be realized.

Dr. Helen MacMurchy, of Toronto; Dr. Steele, M.P.; the Bishop of Ottawa, and Mr. T. H. Wills, of Hamilton, spoke briefly; and Mrs. Adam Shortt, of Ottawa, referred to the efforts made by the women of Canada for nineteen years to get custodial care of the feeble-minded.

Appreciation of Dr. Hincks' work was expressed in a resolution moved by Mrs. J. B. Laidlaw and seconded by Mr. T. H. Wills, and passed unanimously by a standing vote.

The report of the Nominating Committee, presented by Col. H. S. Birkett, of Montreal, and adopted unanimously, was as follows:—President, Lt.-Col. Charles F. Martin, M.D., Montreal; Vice-Presidents, Lord Shaughnessy, Montreal; Sir Vincent Meredith, Montreal; Sir Lomer Gouin, Quebec; Sir Robert Falconer, Toronto; and Sir William Peterson, Montreal; Treasurer (subject to his acceptance), Sir Edmund Osler, Toronto; Executive Committee, Lt.-Col. K. Russell, Montreal, Chairman; Major J. D. Page, Quebec; Professor Dale, Montreal; Lt.-Col. Vincent Massey, Toronto; Dr. C. A. Porteous, Montreal; Dr. Peter Bryce, Ottawa; Dr. C. J. O. Hastings, Toronto; Dr. W. H. Hattie, Halifax; Professor Peter Sandiford, Toronto; and Lt.-Col. C. F. Martin; Medical Director, Dr. C. K. Clarke, Toronto; Associate Medical Director and Secretary, Dr. C. M. Hincks.

THE CANADIAN ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS

The Seventeenth Annual Report of the Canadian Association for the Prevention of Tuberculosis has just been received, and is the best one we have had the pleasure of reading. The report of the enthusiastic secretary, Dr. George Porter, is informative and encouraging. Dr. Frederick Minns, of Toronto, gives a review of school work in tuberculosis. He takes occasion to say that even in the most modern school buildings, the heating and ventilating of a school classroom is far from being perfect.

Capt. Herbert W. Hill, of London, described the activities in the tuberculosis field in London. He says that the present health laws require that the district M.H.O. in each district shall supervise the patients discharged from sanataria; but as the most of these health officers are part-time men who are in practice, they are unable to give attention to the details of their work.

"Tuberculosis and Maternity." This was the subject of a good paper by Dr. D. A. Stewart, of Ninette Sanitarium in Manitoba. He holds that pregnancy should not be allowed in a woman who has *even* reached the *anatomical* far-advanced stage, or *even* had far-advanced *symptoms*. It should never be allowed until the disease has been quiescent and sputum free from bacilli for at least three years. When pregnancy has begun in one whose disease is advanced or active, definite increase in symptoms should not be waited for. Pregnancy should be terminated without delay.

Dr. Parfitt, in discussion, said he estimated there were about 700 tuberculous mothers each year in Toronto. Only about 75 per cent. of the mothers came through, where pregnancy was interrupted.

Our old chief, Dr. Adam Wright, said, "Be careful about preventing marriage in a woman who has incipient tuberculosis. You might do more harm by preventing that marriage than by allowing it to go on." . . . "I say," he continued, "every time you get a pregnant woman suffering from tuberculosis, cure the tuberculosis, and do not interfere with nature."

Then followed the following:—"Tuberculosis in the Cana-

dian Forces," by Capt. J. H. Elliott; "Vocational Training," by Capt. Roddick Byers; "What the Military Hospitals Commission is doing for the Tuberculous Soldiers," by Lieut.-Col. Alfred Thompson.

President J. W. Daniel, St. John, N.B., outlined the work the Association was undertaking and also that of kindred associations. He quoted Biggs to the effect that 150,000 French soldiers with active tuberculosis had been discharged. England, according to Col. Nasmith, had fared better, and that was the result of her very efficient public health administration, and to the fact that special care was taken to exclude any recruits who had any sign of tuberculosis.

Dr. W. A. Evans, of Chicago, President of the American Health Association, described plans for combating tuberculosis. In Illinois there is a State Health Department, in which there is a division of tuberculosis. The chief of this division has appointed a county chairman for each of the 108 counties in the State. The county chairman appoints a county committee with sub-committees. The county committee is to appoint a county medical director, and, when feasible, to organize a county health society. He is to make transcripts of all death certificates when tuberculosis is given as the cause of death and to forward these to the State Tuberculosis Society. The State Tuberculosis Society is to use this information as the basis for propaganda work. Where it is feasible they are to send a visiting nurse to the homes in which the re-infection has been.

The membership of these societies is composed not only of health officers, nurses, tuberculous experts, but of anyone sufficiently interested to apply for membership.

The director gathers the following information:—

(*a*) Names of all general hospitals in the county with capacity and name of superintendent in each.

(*b*) Names of visiting nurses, public health nurses, or school nurses in the county, and by whom employed.

(*c*) Names and locations of free dispensaries in the county and names of those giving special attention to tuberculosis, names of medical men in charge of dispensaries.

(*d*) What provisions do county supervisors make for the care of tuberculous persons.

Physicians on military exemption boards are asked to keep a close watch for tuberculosis, and send names and addresses of suspects to the State Department of Health.

County sub-committees will select suitable tracts of land and arrangements for water supply, sewage disposal and other sanitary installations, which may be utilized when required, with temporary buildings, as camps or colonies for the tuberculous.

The speeding-up of county sanatoria is already voted in several counties.

Public and private charity organizations will be urged to increase allowances for relief in proportion to the buying power of money. Co-operation in all plans of food conservation and in encouraging food production. Co-operation with employers, especially those whose factories are under greater pressure due to war, for improvement of factory conditions, and looking toward periodical physical examination of employees. Doctors and nurses engaged in public tuberculosis work are asked to withhold themselves from military service until an urgent need may arise. Training schools for nurses are urged to include the nursing of the tuberculous and visiting nursing service in their curricula. All established dispensaries are to be utilized for teaching the early diagnosis and treatment of tuberculosis.

The final half of the report contains admirable reports of the various sanitaria, dispensaries and other organizations throughout the Dominion for the treatment of tuberculosis.

We would like to refer to a paragraph in the report by Dr. C. D. Parfitt, of Calydor Sanitarium, Gravenhurst, on Sterilization:—"High pressure steam for sterilizing in suitable apparatus is available in chart rooms, nurses' and housemaids' sinks, rooms, laundry, diet kitchen and serving pantry. All patients' dishes are sterilized after each meal. There is also a special fumigation chamber, where all laundry is fumigated by formaldehyde gas. The same kind of fumigation, together with most thorough house-cleaning, is applied to each room as vacated. These sanitary measures seem to be matters of course, and should be, but their practical application entails expense in installation, and both expense and careful supervision in service."

Militia and Naval Medical Services and Ambulance

MAJOR JEFFS TELLS OF ATLANTIC TRIPS—NO CABINS TO CAUSE CONTENTION

"On the last trip that the hospital ship made back a German U-boat came up so close to us that you could almost jump on her, but she did not stop us, even though we were going back empty," said Major (Dr.) H. B. Jeffs, son of Dr. W. H. Jeffs, of 2761 Yonge Street, Toronto. Major Jeffs came home on April 18th on a hurried trip, as he had to report back to his boat at Halifax on April 22nd. He came home with his wife, whom he married in England. She was Miss Margaret Russell, daughter of Mr. T. Russell, the well-known London publisher.

Major Jeffs says that on the last two occasions that the hospital ship has gone back it has been sighted, but not attacked, by U-boats. "The men coming over on the hospital ships get the best of treatment, and I don't think that there are any complaints heard from them," he said. "There are no cabins to cause any contention, and the officers have to sleep in the wards along with the men. The only cabins that there are are utilized by the nursing sisters and the medical officers."

"Which of the battles that you have been in did you think were the most fiercely contested?"

"I would say that those of Langemarck and the Somme were about on a par," replied Major Jeffs.

The visits which the major has made to his home are usually of a very short duration. Last January he was home for a few hours only, but in that short space his Honor Lieutenant-Governor Sir John Hendrie had time to decorate him with the Military Cross for bravery and devotion to duty.

Major Jeffs, who is 25 years old, has had an eventful military record. He went to Thorold on August 6, 1914, and enlisted with the 2nd Field Ambulance, going to France with that unit and serving with it until he was wounded at the Somme in September, 1916. "The only original officer who is still with the unit is Lieut.-Col. Fraser, the commanding officer, who came back on the same boat with me," said Major Jeffs.

Major Jeffs, who is a graduate in medicine of the University of Toronto, was well known in local athletic circles, being the founder of the North Toronto Rugby Football Club. He also played for the Capitals.

Capt. Gerald Allison, R.A.M.C., of Picton, Ont., left again a few weeks ago for the front, following a short furlough in his home town, where he had been welcomed by a host of friends, who were full of admiration for his splendid record of service. Capt. Allison has followed the flag in Egypt, Gallipoli, India and France.

Lt.-Col. Harold R. Ker, C.A.M.C., son of the late Ven. Archdeacon Ker, recently returned from the front, has been ordered to report at Halifax under appointment as Assistant Director of Medical Service in charge of transportation of wounded soldiers from overseas.

Capt. H. Crasswellek, a former practising physician in Windsor, Ont., who left there two years ago to serve with the British R.A.M.C. in Egypt and on the Saloniki front, is reported missing by the British War Office. It is believed he was recently transferred to the Western front, and was taken prisoner during the German offensive along the Somme.

News of the Month

SPECIAL MEDICAL CONVOCATION

A special medical convocation was held at the University of Toronto on April 25th, when the degree of M.B. was presented to sixty-nine young men and five young ladies who have completed their five-year course. The convocation is held earlier than usual, in order that the young men may be used for military work. The five young ladies who have completed their course are: Miss G. L. Boyd, 133 Avenue Road; Miss M. A. C. Bulmer, 592 Ossington Avenue; Miss I. M. Meader, 43 Grace Street; Miss L. H. Snider, 786 Shaw Street; and Miss M. Bray, 288 Gerrard Street East. President Sir Robert Falconer, in the course of a brief address to the students, said he believed that after the war there would be more competition than ever before. "We have lived a more or less happy-go-lucky existence before the war; we have regarded ourselves as children of fortune, and thought that no great harm could come to us. We have been rudely deceived. The State will expect a fuller service from those on whom it has conferred special advantages. You are sent out competent for the work of the immediate future, and when you return you will be expected to carry on a work of a higher grade," said the President.

DR. CULLIS MAY BE DEAN

Dr. Winifred Cullis, who has left Toronto to resume her work in London, was the hostess of two farewell gatherings in the faculty rooms of the Medical Building during the week of April 15th, when the second and third-year students, to whom she has been lecturing, were her guests. Tangible evidences

of her popularity were the presentations made to her on each occasion. The second-year seized the opportunity to give her a beautiful leather travelling bag, with ivory fittings. The third-year presented a sum of money to be used in her own country, for any cause in which she is specially interested. Dr. Cullis, in accepting the gift, said she would have much pleasure in using it for the cause so dear to her, the New Women's Hospital, London, and especially in presenting it as coming from a class of medical students in Canada.

The President, Sir Robert Falconer, and several members of the University staff, were also present on one or both evenings. It is generally rumored in college circles that the much-discussed post of Dean of Women at the University has been offered to Dr. Cullis. Such an appointment would apparently be heartily welcomed by both her colleagues on the staff, and, what is a still greater test of popularity, the undergraduate body. The matter must, however, remain open for a time yet, as Dr. Cullis intends to continue her medical work in England for the ensuing winter.

THE AMERICAN PROCTOLOGIC SOCIETY

Owing to conditions brought about by the present war, the American Proctologic Society has decided not to hold its meeting in Chicago, June 10-11th. The Society will probably not meet again until after the war is over.

BACK FROM KOREA

Dr. O. R. Avison, President of the Severance Union Medical College at Seoul, Korea, on April 17th addressed the Presbyterian Board of Foreign Missions, which was holding its annual meeting in Knox College. Dr. Avison, who is a Toronto man, has been in Korea for the last twenty-five years. He also addressed the Presbyterian Laymen's banquet at St. Andrew's Church, Carlton Street.

PERSONALS

Dr. Clarence E. Hill, 160 Bloor Street West, will confine his practice to diseases of the eye.

Dr. R. J. P. McCulloch, who was ophthalmic and aural surgeon with the British forces, 1915-1917, has opened an office at 102 College Street, Toronto.

Hon. G. Howard Ferguson, Acting Premier, on April 18th announced the appointment of Major Alex. Mackay, M.D., of Toronto, to the position of Inspector of Prisons and Asylums and inspector of institutions receiving aid under the Hospital and Charitable Institutions Act. Major Mackay was formerly in charge of the medical inspection of the Toronto Public schools.

OBITUARY

Dr. Boyle Travers died on April 7th in his ninety-fourth year. He was one of St. John's most prominent physicians, and the oldest in his profession in New Brunswick. He had been sixty-five years in active practice.

Dr. M. D. Richards, of Belleville, died at his home on April 18th, after an illness of several months. He was born in Northumberland County in 1852, and was Silver Medalist in Medicine in 1887. For thirty-four years he practised in Warkworth, where he enjoyed the confidence of all his patients. In 1911 he moved to Belleville. The remains were taken to Warkworth for interment.

AN IDEAL RESORT FOR CONVALESCENT PATIENTS

PHYSICIANS have frequent opportunities of referring those convalescing from illness to a resort where they can quickly recover their old-time vigor and enjoy an almost ideal climate, 2,500 feet above sea level. Such a resort is Virginia Hot Springs, just one night out of New York. The management have spent a huge sum of money on this choice spot in "Old Virginny," and are anxious that the Canadian medical profession should continue to refer cases there, as they have done in years gone by. The Homestead Hotel is one of the handsomest houses in America. It is built of solid brick, containing 500 guest rooms, with many parlor suites and 300 private baths. It is spacious, dignified, quiet and restful, with magnificent mountain views on every side. It is no exaggeration to say that Hot Springs means the Homestead Hotel. The Company owns 5,000 acres surrounding the hotel, so that physicians can understand that their patients have every opportunity of enjoying outdoor life and regaining thereby their normal strength.

The dominant factor making Hot Springs world-famous is the cure in which the climate as well as the water assist. The waters are conducted by gravity to the bathhouse and distributed fresh from the ground to the bathing apartments on different floors without loss of heat or its increase by artificial means, and fully charged with all their gases and other health-giving qualities. At none of the celebrated places in Europe, and at no other springs in America, is the temperature prescribed for hot baths that at which the water actually emerges from the earth in the natural springs.

The springs are beneficial, not only for bathing, but for drinking. Besides the hot springs, the effects of which as drinking waters are pronounced, there are magnesia, sulphur, and soda springs within the grounds, and alum water from a spring not far distant. The water from the soda spring comes strong and clear from the ground at a uniform temperature of 74 degrees. Physicians should address for full information Christian S. Andersen, Esq.

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